TRUVEN HEALTH ANALYTICS

**COMPENDIA TRANSPARENCY TRACKING FORM**

**DATE:** **May 2015**

**PACKET:** **1188**

**DRUG:** **Carfilzomib**

**INDICATION:** **Waldenstrom macroglobulinemia**

| COMPENDIA TRANSPARENCY REQUIREMENTS | |
|---|---|
| 1 | Provide criteria used to evaluate/prioritize the request (therapy) |
| 2 | Disclose evidentiary materials reviewed or considered |
| 3 | Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest |
| 4 | Provide meeting minutes and records of votes for disposition of the request (therapy) |

**EVALUATION/PRIORITIZATION CRITERIA: C, L, R** *to meet requirement 1

| CODE | EVALUATION/PRIORITIZATION CRITERIA |
|---|---|
| **A** | Treatment represents an established standard of care or significant **advance** over current therapies |
| **C** | **Cancer** or cancer-related condition |
| **E** | Quantity and robustness of **evidence** for use support consideration |
| **L** | **Limited** alternative therapies exist for condition of interest |
| **P** | **Pediatric** condition |
| **R** | **Rare** disease |
| **S** | **Serious**, life-threatening condition |

**Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]**

TRUVEN HEALTH ANALYTICS

**EVIDENCE CONSIDERED:**

*to meet requirements 2 and 4

| CITATION | STUDY-SPECIFIC COMMENTS | LITERATURE CODE |
|---|---|---|
| Treon,S.P., Tripsas,C.K., Meid,K., et al: Carfilzomib, rituximab, and dexamethasone (CaRD) treatment offers a neuropathy-sparing approach for treating Waldenstrom's macroglobulinemia. Blood Jul 24, 2014; Vol 124, Issue 4; pp. 503-510. | This was an open-label, single-arm, phase II clinical trial. There was low risk of bias associated with selection of cohorts and assessment of outcomes. Data was gathered prospectively. All subjects were included in the analyses. The results should be interpreted with caution since the study lacked a control group. | S |
| Dimopoulos,M.A., Kastritis,E., Owen,R.G., et al: Treatment recommendations for patients with Waldenstrom macroglobulinemia (WM) and related disorders: IWWM-7 consensus. Blood Aug 28, 2014; Vol 124, Issue 9; pp. 1404-1411. | | 4 |

**Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)**

## CONTRIBUTORS:

*to meet requirement 3

| PACKET PREPARATION | DISCLOSURES | EXPERT REVIEW | DISCLOSURES |
|---|---|---|---|
| Margi Schiefelbein, PA | None | James E. Liebmann, MD | None |
| Stacy LaClaire, PharmD | None | Jeffrey A. Bubis, DO | Other payments: Dendreon |
| Felicia Gelsey, MS | None | Thomas Marsland, MD | None |
| | | Edward Balaban, DO | None |
| | | Jeffrey Patton, MD | None |

## ASSIGNMENT OF RATINGS:

*to meet requirement 4

| | EFFICACY | STRENGTH OF RECOMMENDATION | COMMENTS | STRENGTH OF EVIDENCE |
|---|---|---|---|---|
| **MICROMEDEX** | --- | --- | | B |

| | | | | |
|---|---|---|---|---|
| James E. Liebmann, MD | Effective | Class IIb: Recommended, In Some Cases | Bortezomib is an effective drug in Waldenstrom macroglobulinemia (WM), and is now included as a potential initial treatment for patients with symptomatic WM according to the International Workshops on WM (IWWM). Carilzomib, like bortezomib, is a proteosome inhibitor and approved for use in multiple myeloma. It is far less neurotoxic than bortezomib. The trial for review showed that a carfilzomib based regimen provided effective initial therapy for a group of patients with symptomatic WM. Neurotoxicity was uncommon in this study. Hence, carfilzomib is a reasonable option for selected patients – the patients should be symptomatic from WM and should not have received bortezomib previously. Note that the IWWM includes other options that do not include proteosom inhibitors for symptomatic WM. These include rituximab with bendamustine as well as rituximab with cyclophosphamide and dexamethasone. | N/A |
| Jeffrey A. Bubis, DO | Evidence Favors Efficacy | Class IIb: Recommended, In Some Cases | The data is limited (single arm, 21 patients). This is not a common disease and large trials cannot be accrued too easily. This should be considered in patients with significant pre-existing neuropathy or with contraindications to other regimens. | N/A |
| Thomas Marsland, MD | Evidence Favors Efficacy | Class IIb: Recommended, In Some Cases | There is only one, small, non randomized trial to support usage. It trial shows good response with minimal toxicity. It is reasonable to use carfilzomib in some cases. | N/A |

| | | | | |
|---|---|---|---|---|
| Edward Balaban, DO | Evidence Favors Efficacy | Class IIb: Recommended, In Some Cases | Quite promising in attached articles and has demonstrated similar results in abstract publications elsewhere. Seems to be a very reasonable treatment alternative – particularly in patients with ongoing neuropathy. | N/A |
| Jeffrey Patton, MD | Evidence Favors Efficacy | Class IIa: Recommended, In Most Cases | None | N/A |