

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: August 22, 2023

OFF-LABEL ID #: 2575

DRUG NAME: Bendamustine Hydrochloride

OFF-LABEL USE: Non-Hodgkin's lymphoma (clinical); Large B-cell, relapsed or refractory, as lymphodepleting chemotherapy prior to tisagenlecleucel

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, S *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)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	LITERATURE CODE
Ghilardi, G, Chong, EA, Svoboda, J, et al: Bendamustine is safe and effective for lymphodepletion before tisagenlecleucel in patients with refractory or relapsed large B-cell lymphomas. <i>Ann Oncol Sep 2022; Vol 33, Issue 9; pp. 916-928.</i>	S
Amini, L., Silbert, S.K., Maude, S.L. <i>et al.</i> Preparing for CAR T cell therapy: patient selection, bridging therapies and lymphodepletion. <i>Nat Rev Clin Oncol</i> 19 , 342–355 (2022).	4
Bechman N, Maher J. Lymphodepletion strategies to potentiate adoptive T-cell immunotherapy - what are we doing; where are we going? <i>Expert Opin Biol Ther.</i> 2021 May;21(5):627-637. Epub 2020 Dec 28. PMID: 33243003.	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
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		John D Roberts	None
		Jeffrey Klein	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, non-randomized, prospective, observational study in an adult population for patients who have been diagnosed with clinically overt PV and are being followed in either community or academic medical centers in the US who will be enrolled over a 12-month period and observed for 36 months.

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MERATIVE MICROMEDEX	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases		B
Todd Gersten	Effective	Class I: Recommended	As lymphodepleting agent prior to tisagenlecleucel therapy, bendamustine proved, in a multi-center retrospective study, to be just as effective and less toxic than a standard of care regimen.	

Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	A single retrospective cohort study evaluated the efficacy of bendamustine vs. fludarabine/cyclophosphamide (Flu/Cy) as lymphodepleting chemotherapy prior to tisagenlecleucel for the treatment of relapsed/refractory large B-cell Non-Hodgkin's lymphoma. In this study, bendamustine appeared to be as effective as the standard (Flu/Cy) and was associated with less toxicity. However, in the absence of a prospective, randomized trial, further study is necessary to establish bendamustine as a new standard. Its role in this setting may be limited to only those patients with a contraindication to Flu/Cy.	
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The use of Bendamustine as a lymphodepleting agent prior to tisagenlecleucel demonstrated a comparable effect when compared to two other agents in this small study. The rate of adverse effects was lower with Bendamustine as well.	