TRUVEN HEALTH ANALYTICS

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: **July 2015**

PACKET: **1218**

DRUG: **Brentuximab vedotin**

INDICATION: **Hodgkin lymphoma, consolidation therapy after autologous stem-cell transplantation**

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, 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)]

TRUVEN HEALTH ANALYTICS

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Craig H Moskowitz, et al. Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2015 May 9;385(9980):1853-62.	This was a randomized, double-blind, placebo-controlled, phase 3 trial. Overall, this study was at low risk for most of the key risk of bias criteria which included random sequence generation, lack of blinding, incomplete accounting of patients and outcome events, and selective outcome reporting. The risk of bias associated with allocation concealment was unclear and not discussed in the paper.	S
Illés Á, et al. Brentuximab vedotin for treating Hodgkin's lymphoma: an analysis of pharmacology and clinical efficacy. Expert Opin Drug Metab Toxicol. 2015 Mar;11(3):451-9.		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	Keith Thompson, MD	None
Felicia Gelsey, MS	None	Edward Balaban, DO	None
		Jeffrey Patton, MD	None
		Jeffrey A. Bubis, DO	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

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

James E. Liebmann, MD	Effective	Class lll: Not Recommended	That brentuximab (b.vedotin) is effective as treatment in Hodgkin lymphoma is not in doubt. Current approval of the drug calls for its use for the treatment of recurrent Hodgkin lymphoma after autologous transplant (ASCT). The real question is whether patients are better served with immediate treatment with b.vedotin after ASCT, ore delayed treatment with the drug at the time of relapse after ASCT. The current study shows improvement in PFS, but no effect on OS. Importantly, a majority of patients in the placebo group who relapsed received b.vedotin at the time of relapse - this may account for the lack of difference in OS. If one were to automatically treat all patients immediately after ASCT, then half of all patients would be overtreated with the drug (note that PFS curves seem to be converging at about 50% - Fig. 2A). Those over-treated patients will be exposed to toxicity (peripheral neuropathy severe enough to discontinue treatment in 33% of patients) with no survival benefit. In the absence of survival benefit, a strategy of reserving treatment with b.vedotin until relapse after ASCT would seem to avoid unnecessary toxicity while resulting in no compromise of long term survival.	N/A
Keith Thompson, MD	Evidence Favors Efficacy	Class lla: Recommended, In Most Cases	None	N/A

Edward Balaban, DO	Evidence Favors Efficacy	Class lla: Recommended, In Most Cases	Brentuximab appears to be efficacious post autologous stem cell therapy in relapsed Hodgkin.	N/A
Jeffrey Patton, MD	Evidence Favors Efficacy	Class lla: Recommended, In Most Cases	None	N/A
Jeffrey A. Bubis, DO	Evidence Favors Efficacy	Class llb: Recommended, In Some Cases	This agent does appear to improve PFS in the post-transplant setting, but not PFS. As the overall outcome is unchanged and the cost of the agent is significant, routine use should not be recommended. Risk stratification for those patients at high risk of relapse should be considered.	N/A