IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 5/7/2019

PACKET: 1815

DRUG: Ramucirumab

USE: Metastatic urothelial carcinoma; Or advanced, with progression after platinum-containing chemotherapy

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)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Petrylak,D.P., De Wit,R., Chi,K.N., et al: Ramucirumab plus docetaxel versus placebo plus docetaxel in patients with locally advanced or metastatic urothelial carcinoma after platinum-based therapy (RANGE): a randomised, double-blind, phase 3 trial. Lancet Nov 18, 2017; Vol 390, Issue 10109; pp. 2266-2277.	This was a phase III, double-blind, randomized placebo-controlled trial that included patients with platinum-refractory advanced urothelial cancer at 124 clinical sites in 23 countries. Study treatments were administered in combination with docetaxel. Primary efficacy outcomes were assessed by local investigators and masked independent review of disease progression. Key bias criteria evaluated were (1) random sequence generation of randomization; (2) allocation concealment, (3) lack of blinding, (4) incomplete accounting of patients and outcome events, and (5) selective outcome reporting bias. The study was at low risk of bias for these key criteria, and no additional biases were identified.	S
Petrylak, DP, Sternberg, CN, Drakaki, A, et al: RANGE, a phase III, randomized, placebo-controlled, double-blind trial of ramucirumab (RAM) and docetaxel (DOC) in platinum-refractory urothelial carcioma (UC): overall survival results. Ann Oncol Oct 2018; Vol 29, Issue suppl 8; pp. 304-305.	This was a conference abstract that presented final Overall Survival results from RANGE study; therefore the comments for Petrylak 2017 apply.	S
Petrylak,D.P., Tagawa,S.T., Kohli,M., et al: Docetaxel As Monotherapy or Combined With Ramucirumab or Icrucumab in Second-Line Treatment for Locally Advanced or Metastatic Urothelial Carcinoma: An Open-Label, Three-Arm, Randomized Controlled Phase II Trial. J Clin Oncol Feb 29, 2016; Vol Epub		2

Bukhari,N.: Update on the treatment of metastatic urothelial carcinoma. ScientificWorldJournal Jun 06, 2018; Vol 2018, p. 5682078.		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
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Margi Schiefelbein, PA	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
IBM MICROMEDEX	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The addition of Ramucirumab to a chemotherapy regimen showed a decent progression free survival and overall survival benefit to not using it. Adverse effects were similiar to the control group, except that the Ramucirumab group experienced a higher bleeding risk.	
John Roberts	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	In a large randomized double blind trial addition of ramucirumab to docetaxel modestly increased progression free survival and response rates with no discernible increase in toxicity. Results to date show a trend towards an increase in overall survival.	
Richard LoCicero	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The addition of ramucirumab to docetaxel was associated with improved clinical outcomes (PFS and response rate; with a trend to improved overall survival) in a phase III randomized trial. No unexpected toxicity was observed.	