Drug Policy:

Treanda/Bendeka/Belrapzo™ (bendamustine)

POLICY NUMBER UM ONC_1215	SUBJECT Treanda/Bendeka/Belrapzo™ (bendamustine)		DEPT/PROGRAM UM Dept	PAGE 1 of 4
DATES COMMITTEE REVIEWED 09/12/12, 02/12/14, 12/17/15, 12/14/17, 03/14/18, 03/07/19, 04/10/19, 12/11/19, 04/08/20, 01/13/21, 11/15/21, 12/08/21, 03/09/22	APPROVAL DATE March 9, 2022	EFFECTIVE DATE March 25, 2022	COMMITTEE APPROVAL DATES 09/12/12, 02/12/14, 12/17/15, 12/14/17, 03/14/18, 03/07/19, 04/10/19, 12/11/19, 04/08/20, 01/13/21, 11/15/21, 12/08/21, 03/09/22	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM 1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Treanda/Bendeka/Belrapzo (bendamustine) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the Preferred Drug Guidelines OR

2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the Preferred Drug Guidelines OR
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways when applicable, otherwise shall follow NCH drug policies AND
4. Continuation requests of previously approved, Non-Preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs.

B. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

1. Bendeka may be used in combination with rituximab (Truxima or Ruxience) as initial or subsequent therapy for members with CLL.
2. NOTE 1: Unless there is prior history of hypersensitivity reactions or intolerance, the preferred bendamustine product is Bendeka over Belrapzo or Treanda for all indications and line of therapy.
3. NOTE 2: Per NCH Pathway & NCH Policy, [bendamustine + rituximab +/- ibrutinib] is a Non-Preferred regimen for second line or subsequent treatment of CLL/SLL based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes compared to NCH preferred regimens. Please refer to NCH pathway for the preferred second line or subsequent therapies in the treatment of CLL/SLL.

C. Non-Hodgkin's Lymphoma

1. Indolent B-Cell Lymphomas: Bendeka may be used
   a. In combination with rituximab (Truxima or Ruxience) for primary or subsequent therapy of any of the following:
      i. Follicular B-Cell Lymphoma
      ii. Nodal Marginal Zone/Extra-Nodal Marginal Zone/Gastric MALT Lymphoma/Non-Gastric MALT Lymphoma/Splenic Marginal Zone Lymphoma.
2. Diffuse Large B-Cell Lymphoma
   a. Subsequent therapy for relapsed or refractory disease in combination with Polivy (polatuzumab) with or without rituximab (Truxima or Ruxience).
3. Mantle Cell Lymphoma
   a. Initial or subsequent therapy in combination with rituximab (Truxima or Ruxience).
4. NOTE: Unless there is prior history of hypersensitivity reactions or intolerance, the preferred bendamustine product is Bendeka over Belrapzo or Treanda for all indications and line of therapy.

III. EXCLUSION CRITERIA

A. Member has disease progression while on Treanda/Bendeka/Belrapzo (bendamustine).

B. Dosing exceeds single dose limit of Treanda/Bendeka/Belrapzo (bendamustine) 100 mg/m^2 for CLL and 120 mg/m^2 for NHL.

C. Treatment with Treanda/Bendeka/Belrapzo (bendamustine) exceeds the maximum duration limit of 8 cycles for NHL and 6 cycles for CLL.

D. Investigational use of Treanda/Bendeka/Belrapzo (bendamustine) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient

evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Treanda/Bendeka/Belrapzo prescribing information. Cephalon, Inc. Frazer, PA. 2021.

B. Clinical Pharmacology Elsevier Gold Standard 2022.

C. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2022.

D. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.

E. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2022.

F. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

G. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.