Value Pathways powered by NCCN

Pharmacoeconomic Submissions:

Value Pathway/ Line of therapy (LOT)	PTF Discussion Results	Reference	Vote: 10/13		
			YES	NO	ABSTAIN
External submission: **Bristol-Myers Squibb Company** Consider adding elotuzumab as an option for 2nd line and higher therapy in the treatment of relapsed/refractory multiple myeloma.	The Pathways Task Force added elotuzumab + lenalidomide + dexamethasone for multiple myeloma patients who have received at least one prior therapy. Updated data with a median follow up of 48 months demonstrated elotuzumab + lenalidomide + dexamethasone confers a higher 4-year PFS rate compared with lenalidomide + dexamethasone alone as well as a 29% reduction in the risk of disease progression or death. The cost of elotuzumab now appears comparable to other multi-drug regimens for relapsed or refractory multiple myeloma.	Elotuzumab Submission 1. Lonial S, et. al. ASCO Annual Meeting; June 2017, Chicago, IL. 8028. 2. Betts K, et al. EHA Annual Meetings; June 2017, Madrid Spain. E1300	6	2	2
External submission: **Genentech, Inc.** Consider adding atezolizumab as an option for 2nd line and higher therapy in the treatment of non-small cell lung cancer.	Atezolizumab was re-reviewed based on newly available pharmacoeconomic data. The committee discussed the similar clinical outcomes and safety data for atezolizumab as other PD-1/PD-L1 inhibitors in recurrent NSCLC as well as similar cost and value benefit over docetaxel vs. other PD-1/PD-L1 inhibitors.	Atezolizumab Submission 1. Bilir SP, et al. AMCP 2017 Annual Meeting in Denver, CO; March 27-30, 2017. AMCP Poster #C6 2. Bilir P, et al. (ISPOR) 2017 Annual Meeting in Boston, MA; May 20-24, 2017. #PCN69	Vote: 10/13		
			YES	NO	ABSTAIN
			8	2	0

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			Vote: 11/13		
			YES	NO	ABSTAIN
External submission: **Eli Lilly and Company** Consider adding cetuximab to the colon and rectal cancer value pathways	Submitted pharmacoeconomic data are not sufficient enough to warrant inclusion of cetuximab as an On-Pathway option for CRC. In addition, weekly administration of cetuximab is less convenient for patients.	Cetuximab submission 1. Submission packet	1	9	1
External submission: **Celgene Corporation** Consider nab-paclitaxel + carboplatin for 1st line treatment of non-small cell lung cancer	Need for peer review of submitted data; Pharmaco-economic data are based on acceptance of OS survival data from a very small, unpowered subset of the original study population (age >/= 70). Original trial allowed for > 6 cycles of treatment; Median cycles was 5 (nab-pacl) and 6 (pacl); However, NCCN guidelines do not recommend > 6 cycles of treatment. Costs (drugs and toxicity) are affected by overall treatment duration.	Nab-paclitaxel submission 1. Spigel D, et al. IASLC/World Lung 2013, J Thorac Oncol November 2013 vol 8, suppl 2 2. Langer C, et al. J Clin Oncol (Meeting Abstracts) May 2014 vol 32, no 15, suppl e19004	Vote: 13/15		
			YES	NO	ABSTAIN
			0	11	2
External submission: **Celgene Corporation** Consider regorafenib for 3rd line treatment of metastatic colorectal cancer	The clinical data report a modest OS benefit for KRAS mutant and wild type disease after current treatment options have been exhausted. The pharmacoeconomic data provided report that in this setting of unmet clinical need, the overall costs appear similar to other treatments which may be used in a similar patient population or in a KRAS WT population	Regorafenib submission 1. Seal B, et al. J Clin Oncol (Meeting Abstracts) February 2013 vol 31, no 4, suppl 578	Vote: 10/14		
			YES	NO	ABSTAIN
			6	3	1
External submission: **Boehringer Ingelheim Pharmaceuticals, Inc.** Consider afatanib for 1st line treatment of EGFR sensitizing mutation + NSCLC	The clinical data for afatinib in the 1st line treatment of EGFR mutation + NSCLC is compared to chemotherapy and provides a similar benefit as erlotinib compared to chemotherapy. Costs, are similar or slightly less for afatinib. Given similar clinical data, similar toxicity, and similar cost, afatinib is a reasonable option to consider.	Afatinib submission 1. Yang JC, et al. J Clin Oncol 2013; 31(27): 3342-50 2. Wu YL, et al. ESMO 2014, Madrid, Spain. September 26-30, 2014	Vote: 13/15		
			YES	NO	ABSTAIN
			8	2	3

			Vote: 14/15		
			YES	NO	ABSTAIN
External submission: Consider requiring Veristrat testing prior to using EGFR TKI's in the 2nd line treatment setting	Currently not all NSCLC patients receive 2nd line therapy; the impact of Veristrat testing was assumed based on survey results from a small group of physicians who would potentially offer erlotinib to a large percent of their NSCLC population. This was felt to be an overestimation of the percent of NSCLC patients who would be considered for erlotinib treatment. The pharmacoeconomic data are based upon use of generic drugs as alternatives to erlotinib. With new agents being approved, the pharmacoeconomic impact is unknown. Finally, the Pathways Task Force and NSCLC PW recommendations currently do not impact a provider's ability to order Veristrat testing for patients who they feel would benefit from such data. The NCCN Guidelines clearly include Veristrat testing as an option and the Pathways Task Force agreed this recommendation for general practice guidelines is sufficient.	Veristrat submission 1. Hornberger J, Hirsch FR, Li Q, Page RD. Lung Cancer. 2015;88:223-230	4	7	3

			Vote: 14/17		
			YES	NO	ABSTAIN
External Submission: **Eisai Inc.** Consider adding eribulin as an option for 2nd line and beyond HER2 negative breast cancer	Eribulin is currently an option on-Pathway for 3rd – 6th line, HER2 negative breast cancer. Eribulin data demonstrate a clinical benefit from treatment; however, the benefit does not appear to be dependent upon line of therapy. Eribulin is FDA approved for patients who have received at least 2 prior metastatic treatment regimens, including previous treatment with and anthracycline and taxane.	Eribulin submission 1. Meyer, et al. Retrospective analysis evaluating direct costs of eribulin vs. capecitabine. AMCP 2015 2. Y. Wan, et al. Indirect Costs Among Metastatic Breast Cancer Patients Receiving Eribulin. ISPOR 2015	4	9	1

			Vote: 10/15		
			YES	NO	ABSTAIN
External Submission: **Clovis Oncology** Consider adding rucaparib as an option for maintenance therapy in ovarian cancer for patients with platinum-sensitive disease who have completed 2+ lines of platinum-based therapy with partial or complete response to treatment	Efficacy, safety and cost of rucaparib compared to the other options in this line of therapy are very similar. The PARP inhibitors in this setting mainly differ based upon adverse event profile /individual patient tolerability. Hazard ratios for all patients vs. placebo in ARIEL3 are impressive, especially in BRCA-mutated and HRD patients.	Rucaparib submission 1. AMCP Dossier, May 2018	9	1	0
External Submission: **Celgene Corporation** Consider adding nab-paclitaxel + carboplatin as an option for 1st line locally advanced/metastatic NSCLC	Submitted pharmacoeconomic data are not sufficient enough to warrant inclusion of nab-paclitaxel + carboplatin as an On-Pathway option for 1st line locally advanced/metastatic NSCLC.	Nab-paclitaxel submission 1. Weiss J, et al. Clinical Lung Cancer. 2017;18. 2. Patel M, et al. J Clin Oncol. 2016;34 3. Mudad R, et al. Lung Cancer: Targets and Therapy. 2017;8: 179-90.	Vote: 10/15		
			YES	NO	ABSTAIN
			1	9	0
External Submission: **Array BioPharma** Consider adding encorafenib + binimetinib as an option for 2nd line and beyond BRAF V600 activating mutation positive melanoma	Submitted pharmacoeconomic data are not sufficient enough to warrant inclusion of encorafenib + binimetinib as an On-Pathway option for 2nd line and beyond BRAF V600 activating mutation positive melanoma	Encorafenib + binimetinib submission 1. Dummer R, et al. Lancet Oncol 2018;19: 1315-27. 2. Dummer R, et al. Lancet Oncol 2018;19: 603-15.	Vote: 9/15		
			YES	NO	ABSTAIN
			1	8	0

			Vote: 9/15		
			YES	NO	ABSTAIN
External Submission: **Array BioPharma** Consider adding liposomal irinotecan + fluorouracil + leucovorin as an option for 2nd line pancreatic adenocarcinoma	There is a need for a non-neurotoxic regimen in the 2nd line setting. Although this regimen is not the value-based option, it is the only 2nd line regimens given a category 1 recommendation by NCCN that is also FDA approved.	Liposomal irinotecan submission 1. Ahn D, et al. ESMO 2018. Munich, Germany. October 19-23, 2018. 2. Data on File. Milliman Report. Dieguez G, et al. June 2018. 3. Wang-Gillam A, et al. Lancet 2016;387: 545-57. 4. Yoo C, et al. Br J Cancer 2009;101: 1658-63.	5	3	1