P&T Committee Meeting Minutes
Medicare
February 23, 2021 e-vote

DRUG REVIEWS

DANYELZA (naxitamab-gqgk)

Review: Danyelza binds to the glycolipid GD2 which is overexpressed on the cell membrane of neuroectoderm-derived tumors. In vitro, Danyelza binds the cell surface GD2 and induces complement dependent cytotoxicity (CDC) and antibody dependent cell-mediated cytotoxicity (ADCC).

The efficacy of Danyelza was evaluated in two open-label, single arm trials, Study 201 and Study 12-230, in combination with GM-CSF for the treatment of patients with high-risk neuroblastoma with refractory or relapsed disease in the bone or bone marrow. In both trials, patients received Danyelza 3 mg/kg (on Days 1, 3, and 5) in the first week of each cycle in combinations with GM-CSF (according to recommended dosing).

The primary efficacy endpoint was a clinical meaningful overall response rate (ORR) according to the revised International Neuroblastoma Response Criteria (INRC), as determined by independent pathology and imaging review and confirmed by at least one subsequent assessment. In Study 201, which included 22 patients in the efficacy analysis, the overall response rate was 45% with 36% achieving a complete response and 9% achieving a partial response. The median duration of response was 6.2 months with 30% of responders having a duration of response lasting at least 6 months. In Study 12-230, which included 38 patients in the primary efficacy analysis, the overall response rate was 34% with 26% having a complete response and 8% having a partial response. Twenty-three percent of responders had a duration of response lasting 6 months or greater. Exploratory analysis of the subset of patients previously treated with anti-GD2 antibody (n=22), the overall response rate was 18%, with no patients having a documented response lasting 6 months or greater.

Danyelza contains black box warnings for serious infusion-related reactions (hypotension, bronchospasm, hypoxia, and stridor) and neurotoxicity (severe neuropathic pain, transverse myelitis, and reversible leukoencephalopathy syndrome). In Study 201, serious adverse reactions occurred in 32% of patients, most commonly anaphylactic reaction (12%) and pain (8%). Treatment was discontinued due to an adverse reaction in 12% of patients and included anaphylactic reaction (8%) and respiratory depression (4%). Dose interruptions occurred in 84% of patients, most commonly due to hypotension and bronchospasm. In Study 12-230, serious adverse reactions occurred in 40% of patients, including hypertension, hypotension, and pyrexia. Permanent discontinuation due to an adverse reaction occurred in 8% of patients. Four patients discontinued Danyelza due to hypertension and one patient discontinued due to RPLS. The most common adverse reactions reported in Study 201 and Study 12-230 ($\geq$ 25% in either study) were infusion-related reaction, pain, tachycardia, vomiting, cough, nausea, diarrhea, decreased appetite, hypertension, fatigue, erythema multiforme, peripheral neuropathy, urticaria, pyrexia, headache, injection site reaction, edema, anxiety, localized edema, and irritability.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Clinical Discussion: No comments or questions. The committee voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee voted to accept the recommendations as presented. None were opposed.

Outcome: Danyelza is a medical benefit. When Danyelza is processed at a specialty pharmacy, it will be processed on the specialty tier or the brand non-preferred tier for members with a three-tier benefit. The following prior authorization criteria will apply:

- Medical record documentation of age greater than or equal to 1 year **AND**
- Medical record documentation of relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy **AND**
- Medical record documentation that Danyelza will be used in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF)

AUTHORIZATION DURATION: Initial approval will be for 6 months. Subsequent approvals will be for an additional 6 months and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

KESIMPTA (ofatumumab)

Review: Kesimpta is a recombinant human monoclonal immunoglobulin G1 (IgG1) antibody that binds CD20 expressed on pre-B and mature B lymphocytes which leads to antibody-dependent cellular cytosis and complement-mediated lysis. It has a similar mechanism of action to Ocrevus intravenous infusion but Kesimpta is available as a prefilled-pen or syringe for subcutaneous injection, allowing for self-administration.

The efficacy of Kesimpta was evaluated in two double-blind double-dummy trials in patients with relapsing-remitting or secondary progressive multiple sclerosis. Eligibility criteria include age 18 to 55 years, an Expanded Disability Status Scale (EDSS) score of 0 to 5.5, at least two relapses in the two years before screening with at least 1 relapse in the past year, and at least one gadolinium-enhancing lesion on magnetic resonance imaging (MRI) in the year before randomization.

The primary end point was annualized relapse rate, defined as the number of confirmed relapses of multiple sclerosis per year. For both Study 1 and Study 2, Kesimpta has a statistically significant reduction in adjusted annualized relapse rate compared to teriflunomide. In the pooled disability data, the percentage of patients with confirmed worsening of disability at 3 months and 6 months was 10.9% and 8.1% for Kesimpta compared to 15.0% and 12.0% for teriflunomide. The percentage of confirmed disability improvement at 6 months was 11.0% for Kesimpta and 8.1% for teriflunomide. In both studies, there was also a significant reduction in the mean number of T1 Gd-enhancing lesions and number of new or enlarging T2 lesions per year for patients treated with Kesimpta compared to teriflunomide.

There are no black box warnings for Kesimpta. Based on clinical trials, and observations with other anti-CD20 B-cell depleting therapies, Kesimpta is associated with an increased risk of infections, including serious bacterial, fungal, and new or reactivated viral infections (some of which have been fatal with other anti-CD20 therapies). During clinical studies, the most common adverse reactions reported in more than 10% of patients receiving Kesimpta were upper respiratory tract infections, injection related reactions (systemic), headache, and injection site reactions (local).

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Clinical Discussion: No comments or questions. The committee voted to accept the recommendations as presented. None were opposed.

Financial Discussion: No comments or questions. The committee voted to accept the recommendations as presented. None were opposed.

Outcome: Kesimpta is a pharmacy benefit and will be added to the specialty tier or the brand preferred tier for members with a three-tier benefit of the Commercial, Marketplace, and GHP Kids formularies. Kesimpta will not require a prior authorization. The following quantity limits will apply:

QUANTITY LIMIT:

Initial – One-time, one-week authorization	**Remainder/Subsequent**
Quantity limit: 3 mL per 28 days Max quantity supply: 3 Min day supply: 28 Max day supply: 28	Quantity limit: 1 mL per 28 days Max quantity supply: 1 Min day supply: 28 Max day supply: 28

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

FAST FACTS

GAVRETO (pralsetinib)

Updated Indication: Gavreto is a kinase inhibitor now indicated for the treatment of:

- Adult and pediatric patients 12 years of age and older with advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who require systemic therapy
- Adult and pediatric patients 12 years of age and older with advanced or metastatic RET fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate)

These indications are approved under accelerated approval based on overall response rate and duration of response. Previously, Gavreto was indicated in adult patients with metastatic RET fusion-positive non-small cell lung cancer.

Current formulary status: Oral oncology brand-non preferred tier ($0 copay), requiring prior authorization

Recommendation: No changes are recommended to the formulary placement, authorization duration, or quantity limits. The following prior authorization criteria will be added to Commercial Policy 645.0 to incorporate the new indication:

Thyroid Cancer

- Medical record documentation that Gavreto is prescribed by a hematologist or oncologist AND

AND

- Medical record documentation of advanced or metastatic RET-mutant medullary thyroid cancer (MTC) AND documentation that systemic therapy is required

OR

- Medical record documentation of advanced or metastatic RET fusion-positive thyroid cancer AND medical record documentation of both of the following:
    - Documentation that systemic therapy is required AND
    - Documentation that patient is radioactive-iodine refractory when radioactive iodine is appropriate

Discussion: No comments or questions.

Outcome: The committee voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

TRELEGY ELLIPTA (fluticasone furoate/umeclidinium/vilanterol)

Updated indication: Maintenance treatment of asthma for patients aged 18 years and older

Updated Dosing for New Indication: One inhalation (fluticasone furoate 100 mcg/umeclidinium 62.5 mcg/vilanterol 25 mcg or fluticasone furoate 200 mcg/umeclidinium 62.5 mcg/vilanterol 25 mcg) once daily

Current formulary status: Pharmacy benefit, 100 mcg strength is on Brand Preferred tier with a quantity limit of 60 per 30 days

Recommendations: Add Trelegy 200/62.5/25 mcg strength to pharmacy benefit on the brand preferred tier with a quantity limit by ratio of 2 per 1 day

Discussion: No comments or questions.

Outcome: The committee voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

Voting responses were received from 20 of 35 members. The vote was unanimously approved.

Future Scheduled Meetings

The next bi-monthly scheduled meeting will be held on Tuesday, March 16, 2021

Meeting will be via phone/Microsoft Teams