Reference number(s)
2746-A

STANDARD MEDICARE PART B MANAGEMENT

TREANDA (bendamustine)
BENDEKA (bendamustine)
BELRAPZO (bendamustine)
VIVIMUSTA (bendamustine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Chronic lymphocytic leukemia (CLL)
2. Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen

B. Compendial Use
1. Classical Hodgkin lymphoma (CHL)
2. Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
3. Multiple myeloma (MM)
4. Small lymphocytic lymphoma (SLL)
5. B-cell lymphomas:
   i. Acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma
   ii. Diffuse large B-cell lymphoma (DLBCL)
   iii. Follicular lymphoma (FL)
   iv. Marginal zone lymphoma
      a. Nodal marginal zone lymphoma
      b. Gastric mucosa associated lymphoid tissue (MALT) lymphoma
      c. Nongastric MALT lymphoma
      d. Splenic marginal zone lymphoma
   v. Mantle cell lymphoma (MCL)
   vi. Post-transplant lymphoproliferative disorders
   vii. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
   viii. High grade B-cell lymphoma
6. T-cell lymphomas:
   i. Adult T-cell leukemia/lymphoma (ATLL)
   ii. Hepatosplenic T-Cell lymphoma
   iii. Peripheral T-cell lymphoma (PTCL)
   iv. Breast implant associated anaplastic large cell lymphoma (ALCL)
7. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LL)
8. Small cell lung cancer

9. Metastatic breast cancer
10. Systemic light chain amyloidosis
11. Hematopoietic cell transplantation

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. B-cell lymphoma

Authorization of 12 months may be granted for treatment of B-cell lymphoma with any of the following subtypes:

1. Follicular lymphoma
2. Diffuse large B-cell lymphoma (DLBCL)
3. Acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma
4. Marginal zone lymphoma
    i. Nodal marginal zone lymphoma
    ii. Gastric mucosa-associated lymphoid tissue (MALT) lymphoma
    iii. Nongastric MALT lymphoma
    iv. Splenic marginal zone lymphoma
5. Mantle cell lymphoma (MCL)
6. Post-transplant lymphoproliferative disorders
7. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
8. High grade B-cell lymphoma

B. T-cell lymphoma

Authorization of 12 months may be granted for treatment of T-cell lymphoma with any of the following subtypes:

1. Adult T-cell leukemia/lymphoma (ATLL)
2. Hepatosplenic T-Cell lymphoma
3. Peripheral T-cell lymphoma (PTCL)
4. Breast implant associated anaplastic large cell lymphoma (ALCL)

C. Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)

Authorization of 12 months may be granted for treatment of CLL/SLL without chromosome 17p deletion or TP53 mutation

D. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LL)

Authorization of 12 months may be granted for treatment of Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma.

E. Multiple myeloma (MM)

Authorization of 12 months may be granted for treatment of MM.

F. Classical Hodgkin lymphoma (cHL)

Authorization of 12 months may be granted for treatment of cHL.

G. Small cell lung cancer

Authorization of 12 months may be granted for the treatment of small cell lung cancer.

H. Metastatic breast cancer
Authorization of 12 months may be granted for the treatment of metastatic breast cancer.

I. Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
Authorization of 12 months may be granted for the treatment of nodular lymphocyte predominant Hodgkin lymphoma (NLPHL).

J. Systemic light chain amyloidosis
Authorization of 12 months may be granted for the treatment of systemic light chain amyloidosis.

K. Hematopoietic Cell Transplantation
Authorization of 12 months may be granted for use in hematopoietic cell transplantation.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with the requested medication.
B. The requested medication is being used to treat an indication enumerated in Section II.
C. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen AND
   ii. No evidence of disease progression while on the current regimen.

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:
1. The prescribing information for Treanda, Bendeka, Belrapzo, and Vivimusta.
2. The available compendium
   a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
   b. Micromedex DrugDex
   c. American Hospital Formulary Service- Drug Information (AHFS-DI)
   d. Lexi-Drugs
   e. Clinical Pharmacology
3. NCCN guideline: Waldenstrom macroglobulinemia/Lymphoplasmacytic lymphoma
4. NCCN guideline: Systemic light chain amyloidosis
5. NCCN guideline: Hodgkin lymphoma
6. NCCN guideline: Multiple myeloma
7. NCCN guideline: Small cell lung cancer
8. NCCN guideline: T-cell lymphomas
9. NCCN guideline: Pediatric Hodgkin lymphoma
10. NCCN guideline: Hematopoietic cell transplantation
11. NCCN guideline: B-cell lymphomas
12. NCCN guideline: Chronic lymphocytic leukemia/small lymphocytic lymphoma

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Treanda, Bendeka, Belrapzo and Vivimusta are covered in addition to the following:

1. Classical Hodgkin lymphoma (CHL)
2. Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
3. Multiple myeloma (MM)
4. Small lymphocytic lymphoma (SLL)
5. B-cell lymphomas:
    i. Acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma
    ii. Diffuse large B-cell lymphoma (DLBCL)
    iii. Follicular lymphoma (FL)
    iv. Marginal zone lymphoma
        a. Nodal marginal zone lymphoma
        b. Gastric mucosa associated lymphoid tissue (MALT) lymphoma
        c. Nongastric MALT lymphoma
        d. Splenic marginal zone lymphoma
    v. Mantle cell lymphoma (MCL)
    vi. Post-transplant lymphoproliferative disorders
    vii. Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
    viii. High grade B-cell lymphoma
6. T-cell lymphomas:
    i. Adult T-cell leukemia/lymphoma (ATLL)
    ii. Hepatosplenic T-Cell lymphoma
    iii. Peripheral T-cell lymphoma (PTCL)
    iv. Breast implant associated anaplastic large cell lymphoma (ALCL)
7. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LL)
8. Small cell lung cancerMetastatic breast cancer
9. Systemic light chain amyloidosis
10. Hematopoietic cell transplantation

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using the requested medication to treat the following indications can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

1. Classical Hodgkin lymphoma (CHL)
2. Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
3. Multiple myeloma (MM)
4. Small lymphocytic lymphoma (SLL)
5. B-cell lymphomas:
    i. Acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma
    ii. Diffuse large B-cell lymphoma (DLBCL)
    iii. Follicular lymphoma (FL)
    iv. Marginal zone lymphoma
        a. Nodal marginal zone lymphoma
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        c. Nongastric MALT lymphoma

d. Splenic marginal zone lymphoma
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6. T-cell lymphomas:
   i. Adult T-cell leukemia/lymphoma (ATLL)
   ii. Hepatosplenic T-Cell lymphoma
   iii. Peripheral T-cell lymphoma (PTCL)
   iv. Breast implant associated anaplastic large cell lymphoma (ALCL)
7. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LL)
8. Small cell lung cancer
9. Systemic light chain amyloidosis
10. Hematopoietic cell transplantation

Support for using the requested medication for metastatic breast cancer can be found in the Micromedex DrugDex database. Use of information in the DrugDex database for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen). In a multinational, randomized, phase 3 trial, first-line treatment with bendamustine, methotrexate, and 5-fluorouracil significantly increased the median time to progression (8.2 months) compared with cyclophosphamide, methotrexate, and 5-fluorouracil (6.7 months) in patients with metastatic breast cancer; although, overall response rates were not significantly different between the 2 treatment arms (confirmed response, 22.3% and 22.4%, respectively).

VI. REFERENCES

1. Treanda [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; November 2021.
2. Bendeka [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; October 2021.
3. Belrapzo [package insert]. Woodcliff Lake, NJ; Eagle Pharmaceuticals, Inc; November 2021.
4. Vivimusta [package insert]. Princeton, NJ; Slayback Pharma LLC; December 2022.
5. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed April 5, 2022.
6. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at https://www.micromedexsolutions.com Accessed April 8, 2022.

