ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Initial Request** ☐ **Renewal** ☐ **Appeal/Redetermination**[1]

☐ **Urgent**[2] ☐ **Non-Urgent**

Requested Drug Name: Treanda® (bendamustine) – Medicare Part D

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit:

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Treanda® (bendamustine)

Diagnosis (documentation supportive of diagnosis is required)

☐ Chronic lymphocytic leukemia (CLL)

☐ Indolent B-cell Non-Hodgkin's lymphoma (NHL) refractory to rituximab or a rituximab-containing regimen

☐ Other (please state):_____

Clinical Consideration

☐ **Acknowledge: The efficacy of Treanda in CLL is based on comparison to chlorambucil. The efficacy of Treanda relative to other first-line therapies *has not* been established**

Physician Specialty

☐ Oncologist

☐ Other (please state):_____

☐ For use in clinical trial? (If yes, provide trial name and registration number):

Drug Name (Brand Name and Scientific Name)/Strength:

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	

Product will be delivered to: ☐ Patient's Home ☐ Physician Office Other:

Prescriber or Authorized Signature: Date:

Dispensing Pharmacy Name and Phone Number:

☐ **Approved** ☐ **Denied**

If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:

1. Appeal/redetermination requests can be made for this medication within 60 calendar days from the date on the faxed/written denial notice you received at the time of the original request.

2. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request.

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Treanda® (bendamustine)

CLASSIFICATION

- Alkylating Agent
- Antineoplastic Agent
- Nitrogen Mustard

DESCRIPTION

- Bendamustine is a bifunctional mechlorethamine derivative containing a purine-like benzimidazole ring. Mechlorethamine and its derivatives form electrophilic alkyl groups. These groups form covalent bonds with electron-rich nucleophilic moieties, resulting in interstrand DNA crosslinks. The bifunctional covalent linkage can lead to cell death via several pathways. Bendamustine is active against both quiescent and dividing cells. The exact mechanism of action of bendamustine remains unknown.
- Bendamustine is indicated in adult patients for the **treatment of chronic lymphocytic leukemia** (CLL). In a multicenter, randomized, controlled, open-label study (n=301), patients with CLL treated with bendamustine had higher overall response rates and longer progression-free survival compared to patients treated with chlorambucil. Efficacy compared to first-line therapies other than chlorambucil has not been established. No differences in overall survival outcomes were observed between the two groups.
- In the CLL trial, bendamustine was associated with higher incidences of grade 3 or 4 hematologic toxicities, infections and gastrointestinal events compared to chlorambucil.
- Bendamustine is indicated in adults for the **treatment of indolent B-cell non-Hodgkin's lymphoma** (NHL) that has progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen. Clinical trials revealed that bendamustine improved overall response rates and provided durable duration of response.
- Adverse Reactions: Most common *non-hematologic* adverse reactions for CLL (frequency ≥15%) are pyrexia, nausea, and vomiting. Most common *non-hematologic* adverse reactions for NHL (frequency ≥15%) are nausea, fatigue, vomiting, diarrhea, pyrexia, constipation, anorexia, cough, headache, weight decreased, dyspnea, rash, and stomatitis. Most common *hematologic* abnormalities for both indications (frequency ≥15%) are lymphopenia, anemia, leukopenia, thrombocytopenia, and neutropenia.
- Bendamustine has demonstrated good activity in non-Hodgkin's lymphomas, multiple myeloma and Hodgkin's disease and has shown promise in some solid tumors (e.g., heavily-pretreated breast cancer). Use in breast cancer is not discussed in the NCCN Clinical Practice Guidelines for Breast Cancer (version 2.2012). Bendamustine is considered as an option for second-line therapy in patients with progressive disease according to NCCN Clinical Practice Guidelines for Hodgkin Lymphoma (version 2.2012). According to the NCCN Clinical Practice Guidelines for Multiple Myeloma (version 1.2013), use of bendamustine in multiple myeloma is currently a NCCN category 2A treatment option for relapsed/refractory myeloma. There are many other preferred category 1 regimens for salvage therapy in multiple myeloma.
- NCCN Guidelines for Non-Hodgkin’s Lymphoma (version 3.2012) note that bendamustine + rituximab was removed from first-line therapy for CLL with del (17p). In a phase II trial (CLL2M study), bendamustine plus rituximab resulted in 91% overall response rate (ORR) in patients with

untreated CLL; however, in a subgroup of patients with del (17p), the ORR was only 43%. For CLL without del (11q) or del (17p), bendamustine + rituximab is considered first-line therapy (category 2A).

FORMULARY COVERAGE

Prior authorization: Required
Good Health Formulary: Tier 6
Commercial Formulary: Tier 6
Medicare Part D coverage: Tier 5

COVERAGE CRITERIA

Treanda® (bendamustine) meets the definition of **medical necessity** for all FDA approved indications not otherwise excluded from Part D including the following:

- Chronic Lymphocytic Leukemia (CLL) *(documentation supportive of diagnosis is required).*
- Indolent B-cell Non-Hodgkin's lymphoma (NHL) that has progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen (*documentation supportive of diagnosis AND previous treatment regimen and dates of treatment are required).*

Treanda® (bendamustine) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported.
- Centers for Medicaid and Medicare Services (CMS) limit approval of a medication to "medically-accepted indications" which we determine by the FDA and CMS approved drug research databases.

Required Provider Specialty:

- Approval is limited to Oncologist.

DOSAGE/ADMINISTRATION

Adult Dosing (safety and efficacy has not been established for pediatric patients):

Chronic Lymphocytic Leukemia (CLL):

- 100 mg/m^2 administered IV over 30 minutes on days 1 and 2, repeated every 28 days up to a maximum of 6 cycles.
  - When initiating bendamustine therapy, allopurinol may be given to prevent tumor lysis syndrome (TLS) in high-risk patients.
  - Prophylactic antibiotic therapy has been suggested in CLL patients receiving bendamustine HCl.
- Dose modifications for hematologic toxicity: for Grade 3 or greater toxicity, reduce dose to 50 mg/m2 on Days 1 and 2; if Grade 3 or greater toxicity recurs, reduce dose to 25 mg/m2 on Days 1 and 2.
- Dose modifications for non-hematologic toxicity: for clinically significant Grade 3 or greater toxicity, reduce the dose to 50 mg/m2 on Days 1 and 2 of each cycle.
- Dose re-escalation may be considered.

Indolent B-cell non-Hodgkin lymphoma refractory to rituximab or a rituximab-containing regimen:

- 120mg/m^2 IV over 60 minutes on days 1 and 2 of a 21-day cycle, up to 8 cycles.
  - When initiating bendamustine therapy, allopurinol may be given to prevent tumor lysis syndrome (TLS) in high-risk patients.

- Dose modifications for hematologic toxicity: for Grade 4 toxicity, reduce the dose to 90 mg/m2 on Days 1 and 2 of each cycle; if Grade 4 toxicity recurs, reduce the dose to 60 mg/m2 on Days 1 and 2 of each cycle.
- Dose modifications for non-hematologic toxicity: for Grade 3 or greater toxicity, reduce the dose to 90 mg/m2 on Days 1 and 2 of each cycle; if Grade 3 or greater toxicity recurs, reduce the dose to 60 mg/m2 on Days 1 and 2 of each cycle.

Renal Impairment:

- There is limited pharmacokinetic data evaluating bendamustine hydrochloride in patients with renal impairment. Use with caution in patients with mild or moderate renal impairment and do not use in patients with a creatinine clearance less than 40 mL/min.

Hepatic Impairment:

- There is limited pharmacokinetic data evaluating bendamustine hydrochloride in patients with hepatic impairment. Use with caution in patients with mild hepatic impairment and do not use in patients with moderate (AST or ALT 2.5 to 10 times the ULN and total bilirubin 1.5 to 3 times the ULN) or severe (total bilirubin greater than 3 times the ULN) hepatic impairment.

General, GRADE 4 hematologic toxicity:

- Delay until absolute neutrophil count greater than or equal to 1 x 10(9)/L, and/or platelets greater than or equal to 75 x 10(9)/L.

General, GRADE 2 or greater nonhematologic toxicity:

- Delay until the nonhematologic toxicity recovers to less than or equal to grade 1.

PRECAUTIONS

- Use of Treanda is contraindicated if hypersensitivity to bendamustine or mannitol.
- Anaphylactic reactions have been rarely reported after second and subsequent infusions. Monitoring and pretreatment is recommended. If grade 3 or 4 allergic reactions, discontinue therapy and do not rechallenge.
- Extravasations resulting in hospitalization have been reported. Monitor IV infusion site during and after administration.
- Hepatic impairment: Use not recommended if moderate or severe impairment.
- Infection (e.g. pneumonia, sepsis) resulting in hospitalization, septic shock, and death, has been reported. Risk is increased with myelosuppression following treatment.
- Infusion reactions, potentially severe, typically occurring during the first infusion can occur. Monitoring and pretreatment is recommended. If grade 4 infusion reaction, discontinue therapy and do not rechallenge. If grade 3 infusion reaction consider discontinuation.
- Malignant and premalignant diseases (e.g. myelodysplastic syndrome, myeloproliferative disorders, acute myeloid leukemia, and bronchial carcinoma) have been reported.
- Myelosuppression, including fatalities from related adverse events, has been reported. Monitoring and dosage adjustments are recommended if myelosuppression occurs.
- Renal impairment: use not recommended if severe (CrCl < 40 mL/min); use caution if mild to moderate impairment.
- Severe skin reactions (e.g. rash, bullous exanthema, Stevens-Johnson syndrome, toxic epidermal necrolysis) have been reported and in some cases were fatal. Patients receiving concomitant allopurinol or rituximab have increased risk. Interrupt or discontinue therapy for severe or progressive skin reactions.
- Tumor Lysis Syndrome has been reported and usually occurs during the first treatment cycle. This may lead to acute renal failure and death. Take precautions in high risk patients. Monitoring is recommended.
- Fetal harm can occur when administered to pregnant women. Advise women to avoid becoming pregnant when receiving Treanda. Pregnancy Category D all trimesters.

Billing/Coding information

CPT Coding:

96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

HCPCS Coding:

J9033	Injection, bendamustine hcl 1mg

COST

- AWP (May 2012): Treanda® IV infusion (100 mg/20ml vial): $2376
- AWP (March 2014): Treanda® IV infusion (100 mg/20ml vial): $2558

COMMITTEE APPROVAL

- January 2009

GUIDELINE UPDATE INFORMATION

December 2011	Prior Authorization created
August 2012	Coverage Policy created
May 2014	Coverage Policy updated

REFERENCES

- DRUGDEX®, accessed 8/28/2012, 5/10/2014.
- Product Information: Treanda® (bendamustine hydrochloride) for Injection, for intravenous infusion. Cephalon, Inc., Frazer, PA, 2010, 2013.
- NCCN Guidelines® Multiple Myeloma. Version 1.2013, 08/16/12© National Comprehensive Cancer Network, Inc. 2012. Accessed 8/28/2012.
- NCCN Guidelines® Breast Cancer. Version 2.2012, 07/11/12© National Comprehensive Cancer Network, Inc. 2012. Accessed 8/28/2012.
- NCCN Guidelines® Hodgkin Lymphoma. Version 2.2012, 04/03/12© National Comprehensive Cancer Network, Inc. 2012. Accessed 8/28/2012.
- NCCN Guidelines® Non-Hodgkin Lymphoma. Version 2.2012, 04/03/12© National Comprehensive Cancer Network, Inc. 2012. Accessed 8/28/2012.