Bendamustine HCl (Treanda®)

NDC CODE(S) 63459-0390-XX TREANDA 25MG Solution Reconstituted (CEPHALON)
63459-0391-XX TREANDA 100MG Solution Reconstituted (CEPHALON)

DESCRIPTION

Bendamustine, classified as a bifunctional alkylating agent, is a nitrogen mustard analogue. It is an antineoplastic agent whose exact mechanism of action is unknown. As an alkylating agent it interferes with DNA replication and the transcription of RNA which ultimately disrupts nucleic acid function. In this respect, bendamustine has produced more DNA double-strand breaks than other alkylating agents. It may also activate apoptosis by inhibiting mitosis, with DNA-damaged cells undergoing a premature form of necrotic cell death known as mitotic catastrophe.

POLICY

- Bendamustine HCl (Treanda®) for the treatment of the following is considered ***medically necessary*** if the medical appropriateness criteria are met: **(See Medical Appropriateness below.)**
  - Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)
  - Hodgkin lymphoma
  - Multiple myeloma
  - Non-Hodgkin lymphoma (NHL)
  - Waldenström's Macroglobulinemia / Lymphoplasmacytic Lymphoma
- Bendamustine HCl (Treanda®) for the treatment of other conditions/diseases is considered ***investigational.***

MEDICAL APPROPRIATENESS

INITIAL APPROVAL

- Bendamustine HCl (Treanda®) is considered **medically appropriate** if **ALL** of the following criteria are met:
  - Individual must not have received bendamustine in a previous line of therapy
  - Individual must be 18 years of age or older
  - **BCBST requirement:** Prior trial and failure of **ANY ONE** of the following agents is required:
    - Bendamustine HCl (Bendeka ®)
    - Bendamustine HCl (Belrapzo™) (RTD)
  - Request is for a diagnosis of **ANY ONE** of the following:
    - Chronic lymphocytic leukemia/Small Lymphocytic Lymphoma (CLL/SLL) for **ANY ONE** of the following:
      - Used as first-line therapy for **ANY ONE** of the following:
        - Used as a single agent
        - Used in combination with a CD20-directed agent (i.e., rituximab, ofatumumab, obinutuzumab, etc.) for disease without del(17p)/TP53 mutations excluding frail individuals (See note in **ADDITIONAL INFORMATION**, below)
      - Used in combination with rituximab in individuals with relapsed or refractory disease without del(17p)/TP53 mutations for individuals <65 years without significant comorbidities
    - Classic Hodgkin's Lymphoma (cHL) and **ANY ONE** of the following:
      - Used as second line or subsequent therapy for relapsed or refractory disease and **ANY ONE** of the following:
        - Used in combination with a gemcitabine and vinorelbine
        - Used in combination with brentuximab vedotin
      - Used as third-line or subsequent therapy for relapsed or refractory disease and **ANY ONE** of the following:
        - Used as a single-agent
        - Used in combination with carboplatin and etoposide

- Used as palliative therapy as a single agent for relapsed or refractory disease in individuals >60 years old

- Multiple myeloma in relapsed or progressive disease as **ANY ONE** of the following:
  - Used as single agent
  - Used in combination therapy with dexamethasone and either lenalidomide or bortezomib
- Non-Hodgkin's Lymphoma (NHL) further diagnosed as **ANY ONE** of the following:
  - B-Cell Lymphomas for **ANY ONE** of the following:
    - Used as subsequent therapy for **ANY ONE** of the following:
      - In combination with rituximab for **ANY ONE** of the following:
        - AIDS- related B-cell Lymphoma (i.e., DLBCL, primary effusion, HHV8-positive DLBCL, NOS)
        - Follicular Lymphoma
        - Gastric MALT Lymphoma
        - High-Grade B-cell Lymphomas
        - Histologic transformation of Nodal Marginal Zone Lymphoma to Diffuse Large B cell
        - Lymphoma (DLBCL) after 2 or more prior therapies
        - Mantle Cell Lymphoma
        - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type)
        - Nodal Marginal Zone Lymphoma
        - Non-Gastric MALT Lymphoma
        - Splenic Marginal Zone Lymphoma
      - Used as a single agent for **ANY ONE** of the following:
        - AIDS-Related B-cell Lymphomas (i.e., DLBCL, primary effusion, HHV8-positive DLBCL, and NOS, or plasmablastic lymphomas in noncandidates for transplant)
        - Follicular Lymphoma
        - Histologic transformation of Follicular Lymphoma to DLBCL without translocations of MYC and BCL2 and/or BCL6 after 2 or more prior therapies
        - High-grade B-cell Lymphomas
        - Histologic transformation of Nodal Marginal Zone Lymphoma to DLBCL after 2 or more prior therapies
        - Mantle Cell Lymphoma
        - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type)
      - In combination with obinutuzumab for **ANY ONE** of the following:
        - Follicular Lymphoma
        - Gastric MALT Lymphoma
        - Non-Gastric MALT Lymphoma
        - Nodal Marginal Zone Lymphoma
        - Splenic Marginal Zone Lymphoma
      - In combination with polatuzumab after 2 or more prior therapies for **ANY ONE** of the following:
        - AIDS-Related B-Cell Lymphomas (i.e., DLBCL, primary effusion, HHV8-positive DLBCL, NOS, or plasmablastic lymphomas in non-candidates for transplant)
        - DLBCL
        - Histologic transformation of Follicular Lymphoma to DLBCL without translocations of MYC and BCL2 and/or BCL6
        - Follicular Lymphoma
        - Histologic transformation of Nodal Marginal Zone Lymphoma to DLBCL
        - High-grade B-cell lymphomas or DLBCL
        - Mantle Cell Lymphoma

- Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type)
- In combination with polatuzumab in individuals with Histologic transformation of follicular lymphoma to DLBCL without translocations of MYC and BCL2 and/or BCL6; AND individual has received minimal or no chemotherapy prior to histologic transformation to DLBCL and have no response or progressive disease after chemoimmunotherapy
- Used as first line therapy for **ANY ONE** of the following:
  - In combination with rituximab for **ANY ONE** of the following:
    - Follicular Lymphoma (excluding use in combination with involved site radiation therapy [ISRT] for stage I or contiguous stage II disease)
    - Gastric MALT Lymphoma
    - Mantle Cell Lymphoma
    - Nodal Marginal Zone Lymphoma (excludes use in combination with involved site radiation therapy [ISRT] for stage I or contiguous stage II disease)
    - Non-Gastric MALT Lymphoma
    - Splenic Marginal Zone Lymphoma
  - In combination with obinutuzumab for Follicular Lymphoma (excluding use in combination with involved site radiation therapy [ISRT] for stage I or contiguous stage II disease)

- T-Cell Lymphomas as **ANY ONE** of the following:
  - Adult T-cell Leukemia/Lymphoma as subsequent therapy for non-responders to first-line therapy as a single agent for acute or lymphoma subtypes
  - Hepatosplenic Gamma Delta T-Cell Lymphoma used as a subsequent therapy as a single agent for refractory disease after two primary treatment regimens
  - Mycosis Fungoides (MF)/Sézary Syndrome (SS) and **ANY ONE** of the following:
    - Used as systemic therapy as primary treatment (excluding Sezary syndrome)
    - Used for relapsed, persistent, or refractory disease
  - Peripheral T-cell lymphoma (includes anaplastic large cell, peripheral T-cell not otherwise specified, angioimmunoblastic T-cell, enteropathy-associated T-cell, monomorphic epitheliotropic intestinal T-cell, nodal peripheral T-cell with TFH phenotype, or follicular T-cell lymphomas as second-line or subsequent therapy as a single agent for relapsed or refractory disease
  - Primary Cutaneous CD30+ T-cell Lymphoproliferative Disorders as single agent for relapsed or refractory cutaneous anaplastic large cell lymphoma (ALCL)
- Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) as **ANY ONE** of the following:
  - Used as a single agent
  - Used in combination with rituximab

RENEWAL CRITERIA

- Bendamustine HCl (Treanda®) is **NOT** considered **medically appropriate** for renewal.

INDICATION(S)	DOSAGE & ADMINISTRATION
Non-Hodgkin's Lymphoma	Up to 120mg/m² on days 1 and 2 of a 21 day cycle, up to 8 cycles
CLL/SLL	Up to 100mg/m² on days 1 and 2 of a 28 day cycle, up to 6 cycles
Waldenström's Macroglobulinemia/ Lymphoplasmacytic Lymphoma	Up to 90 mg/m² on days 1 and 2 of a 28-day cycle, up to 6 cycles
cHL	Up to 120 mg/m² on days 1 and 2 of a 28-day cycle, up to 6 cycles

Multiple Myeloma	Up to 100mg/m² on days 1 and 2 of a 28 day cycle, up to 8 cycles

LENGTH OF AUTHORIZATION

- Non-Hodgkin's Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Waldenström's Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma (LPL), Classic Hodgkin Lymphoma (cHL): Coverage will be provided for six months and may NOT be renewed.

- Multiple Myeloma: Coverage will be provided for eight months and may NOT be renewed.

Refer to **DOSAGE LIMITS** below

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

(Note: Frailty may be assessed using a modified geriatric screening tool such as the Fried Frailty Criteria, Balducci Frailty Criteria, Abbreviated CGA (aCGA), etc.)

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

SOURCES

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EFFECTIVE DATE 4/2/21

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