Submitted by:
Kaleen Barbary, Pharm D
Bristol Myers Squibb
86 Morris Avenue
Summit, NJ 07901

Date of Request: March 26th, 2021

Dear NCCN Multiple Myeloma Guidelines Panel:

On behalf of Bristol Myers Squibb, we respectfully request the NCCN Multiple Myeloma Guidelines Panel review the enclosed data and Prescribing Information for ABECMA® (idecabtagene vicleucel) suspension for intravenous infusion in adult patients with relapsed or refractory multiple myeloma.

Specific Changes:
We respectfully request the panel's consideration of the enclosed data and inclusion of ABECMA® within the Multiple Myeloma (MM) guidelines (Pages MYEL-F 3 of 3) as a Category 2A Preferred recommended therapy for previously treated MM.

FDA Clearance:
On March 26th, 2021, the US Food and Drug Administration (FDA) granted approval of ABECMA® (idecabtagene vicleucel [ide-cel]).[1] ABECMA® is a B-cell maturation antigen (BCMA)-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.

Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions occurred in patients following treatment with idecabtagene vicleucel. Do not administer idecabtagene vicleucel to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab or tocilizumab and corticosteroids.

Neurologic toxicities, which may be severe or life-threatening, occurred following treatment with idecabtagene vicleucel, including concurrently with CRS, after CRS resolution, or in the absence of CRS. Monitor for neurologic events after treatment with idecabtagene vicleucel. Provide supportive care and/or corticosteroids as needed.

Hemophagocytic Lymphohistiocytosis/Macrophage Activation Syndrome (HLH/MAS) including fatal and life-threatening reactions, occurred in patients following treatment with idecabtagene vicleucel. HLH/MAS can occur with CRS or neurologic toxicities.

Prolonged Cytopenia with bleeding and infection, including fatal outcomes following stem cell transplantation for hematopoietic recovery, occurred following treatment with idecabtagene vicleucel.

ABECMA® is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the ABECMA REMS.

Please see the enclosed full Prescribing Information.

Rationale:

This data is being submitted in response to a standing request from NCCN for new data.

The approval of ide-cel is based on the open-label, single-arm, multicenter KarMMa study, which included adult patients with relapsed and refractory MM who had received 3 prior lines of therapy (immunomodulatory agent, a PI, and an anti-CD38 monoclonal antibody). There were 135 patients who underwent leukapheresis for 300 x 10^6 and 450 x 10^6 CAR-positive T cell dose cohorts. Two patients died after receiving lymphodepletion and prior to receiving ide-cel. Deaths were from septic shock and general physical health deterioration. One hundred patients were evaluable for efficacy (median age 62 years, 78% were International Staging System (ISS) Stage I or II, 36% had presence of extramedullary disease, median prior lines of therapy was 6 (range: 3 to 16), 95% refractory to anti-CD38 antibody, 85% triple class refractory, 26% penta-refractory, and 92% received prior autologous stem cell transplantation. The overall response rate and complete response in these patients was 72% and 28%, respectively. The median duration of response (≥PR) was 11 months (95% CI, 10.3-11.4) and 21% of patients were MRD-negative. The safety data reflects 127 patients who received ide-cel across a dose of 150-518 x 10^6 CAR+ T cells. CRS occurred in 85% (108/127) of patients receiving ide-cel. Grade ≥3 CRS occurred in 9% (12/127) of patients, with Grade 5 CRS reported in one (0.8%) patient. HLH/MAS occurred in 4% (5/127) of patients. CAR T cell-associated neurotoxicity, occurred in 28% (36/127) of patients receiving ide-cel, including Grade 3 in 4% (5/127) of patients. One patient had ongoing Grade 2 neurotoxicity at the time of death.

To note, there was a previous submission to NCCN regarding clinical data from the phase 2 KarMMa study, a subgroup analysis from the KarMMa study, two real world studies (presented at the American Society of Clinical Oncology (ASCO) & American Society of Hematology (ASH) 2020 Meetings) and a phase 1 CRB-401 study (published in NEJM 2019) evaluating the safety and efficacy of idecabtagene vicleucel in patients with relapsed/refractory MM on February 8th, 2021.The pivotal phase 2 KarMMa study, which evaluated the safety and efficacy of ABECMA® was recently published on February 24, 2021 in the NEJM.

As part of this submission, the following resources are included for your review:

1. ABECMA® (idecabtagene vicleucel) [Package Insert]. Celgene Corporation, a Bristol-Myers Squibb Company (Summit, NJ 07901); 2021
1. Munshi NC, Anderson LD Jr, Shah N, et al. Idecabtagene Vicleucel in Relapsed and Refractory Multiple Myeloma. N Engl J Med. DOI: 10.1056/NEJMoa2024850.

Your consideration of this submission is greatly appreciated.

Sincerely,

Kaleen Barbary, PharmD
Director| Worldwide Scientific Content & US Market Capabilities- Hematology

Amit Agarwal, MD, PhD
Vice President | Worldwide Medical Affairs Hematology- Multiple Myeloma