

Drug Policy:

Beleodaq™ (belinostat)

POLICY NUMBER UM ONC_1260	SUBJECT Beleodaq™ (belinostat)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 11/12/14, 12/18/15, 12/21/16, 11/08/17, 10/10/18, 10/09/19, 12/11/19, 04/08/20, 02/10/21, 11/15/21, 01/12/22, 05/11/22, 08/10/22, 01/11/23, 01/10/24	APPROVAL DATE January 10, 2024	EFFECTIVE DATE January 26, 2024	COMMITTEE APPROVAL DATES 11/12/14, 12/18/15, 12/21/16, 11/08/17, 10/10/18, 10/09/19, 12/11/19, 04/08/20, 02/10/21, 11/15/21, 01/12/22, 05/11/22, 08/10/22, 01/11/23, 01/10/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Beleodaq (belinostat) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The member has not experienced disease progression on the requested medication **AND**
2. The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization **AND**
3. Additional medication(s) are not being added to the continuation request.

B. T-cell Lymphomas

DIAGNOSIS	DETAILS OF POLICY-SUPPORTED USE
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Hepatosplenic Gamma-Delta T-cell lymphoma	As a single agent for relapsed/refractory disease
Peripheral T-cell Lymphomas	As a single agent for relapsed/refractory disease
Extra nodal NK/T-cell Lymphoma Nasal Type	As a single agent for relapsed/refractory disease

III. EXCLUSION CRITERIA

- A. Disease progression while taking Beleodaq (belinostat) or on prior HDAC inhibitor therapy [i.e., Istodax (romidepsin)].
- B. Concurrent use with other chemotherapy.
- C. Dosing exceeds single dose limit of Beleodaq (belinostat) 1,000 mg/m².
- D. Investigational use of Beleodaq (belinostat) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - 1. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - 2. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - 3. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 - 4. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 - 5. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
 - 6. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. Lee HZ, et al. Belinostat for the Treatment of Patients with Relapsed or Refractory Peripheral T-cell Lymphoma. Clin Cancer Res. 2015 Jun 15;21(12):2666-70.
- B. Beleodaq prescribing information. Acrotech Biopharma LLC East Windsor, NJ 2021.
- C. Clinical Pharmacology Elsevier Gold Standard 2023.
- D. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2023.
- E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.
- F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.
- G. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.
- H. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.
- I. NCQA UM 2023 Standards and Elements