Clinical Policy: Belinostat (Beleodaq)

Reference Number: PA.CP.PHAR.311
Effective Date: 01/18
Last Review Date: 11/17

Coding Implications
Revision Log

Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness ® clinical policy for belinostat for injection (Beleodaq®).

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness ® that Beleodaq is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Peripheral T-Cell Lymphoma:

1. Diagnosis of relapsed or refractory peripheral T-cell lymphoma (PTCL) (see Appendix B for examples of subtypes).

Approval duration: 3 months

B. Other diagnoses/indications: Refer to PA.CP.PHAR.57 - Global Biopharm Policy.

1. The following NCCN recommended uses for Beleodaq, meeting NCCN categories 1, 2a, or 2b, are approved per the PA.CP.PHAR.57 Global Biopharm Policy:
   a. Non-Hodgkin lymphoma:
      i. Adult T-cell leukemia/lymphoma;
      ii. Mycosis fungoides (MF)/Sezary syndrome (SS);
      iii. Primary cutaneous CD30+ T-cell lymphoproliferative disorders.

II. Continued Approval

A. Peripheral T-Cell Lymphoma (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member has none of the following reasons to discontinue:
   a. Disease progression or unacceptable toxicity;
   b. Non-hematologic toxicities: Recurrence of Grade 3* (severe) or 4* (life-threatening) toxicities after two dosage reductions.

**Grading is based on the Common Terminology Criteria for Adverse Events (CTCAE).*

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PHAR.57 - Global Biopharm Policy**.**

Background

Description/Mechanism of Action:
Beleodaq is a histone deacetylase (HDAC) inhibitor. HDACs catalyze the removal of acetyl groups from the lysine residues of histones and some non-histone proteins. In vitro, belinostat caused the accumulation of acetylated histones and other proteins, inducing cell cycle arrest and/or apoptosis of some transformed cells. Belinostat shows preferential cytotoxicity towards tumor cells compared to normal cells. Belinostat inhibited the enzymatic activity of histone deacetylases at nanomolar concentrations (<250 nM).

Formulations:
Beleodaq (belinostat) for injection is supplied in single vial cartons; each 30 mL clear vial contains sterile, lyophilized powder, for reconstitution, equivalent to 500 mg belinostat.

FDA Approved Indications:
Beleodaq is a histone deacetylase inhibitor/intravenous formulation indicated for:

- Treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL).
  - This indication is approved under accelerated approval based on tumor response rate and duration of response. An improvement in survival or disease-related symptoms has not been established. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.

Appendices

Appendix A: Abbreviation Key

AITL: Angioimmunoblastic T-cell lymphoma
ALCL: Anaplastic large cell lymphoma
CTCAE: Common Terminology Criteria for Adverse Events
EATL: Enteropathy-associated T-cell lymphoma
HDAC: Histone deacetylase
MEITL: Monomorphic epitheliotropic intestinal T-cell lymphoma
MF: Mycosis fungoides
PTCL: Peripheral T-cell lymphoma
SS: Sezary syndrome

Appendix B: Peripheral T-cell lymphomas* (PTCL) subtypes[3]

- Peripheral T-cell lymphoma (PTCL), not otherwise specified (NOS)
- Angioimmunoblastic T-cell lymphoma (AITL)
- Anaplastic large cell lymphoma (ALCL), ALK positive or negative
- Enteropathy-associated T-cell lymphoma (EATL)
- Monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL)

**PTLC is classified as a non-Hodgkin T-cell lymphoma. PTCL classification schemes are periodically advanced as new information becomes available; therefore, the above list is provided as general guidance. For additional information, see WHO's 2016 updated classification of hematological malignancies for a complete list of lymphoid neoplasms, including PTCL.*[4]

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9032	Injection, belinostat, 10 mg

Reviews, Revisions, and Approvals	Date	Approval Date

References
1. Beleodaq prescribing information. Ivine, CA: Spectrum Pharmaceuticals Inc.; July 2014. Available at http://www.beleodaq.com/downloads/Final_Beleodaq_PI.pdf. Accessed January 17, 2017.
2. Belinostat. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed January 17, 2017.
3. T-cell lymphomas (Version 1.2017). In: National Comprehensive Cancer Network Guidelines. Available at NCCN.org. Accessed January 17, 2017.
4. Swerdlow SH, Campo E, Pileri SA, et al. The 2016 revision of the World Health Organization classification of lymphoid neoplasms. Blood. 2016; 127: 2375-2390.