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**5.21.48**

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	August 22, 2014
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**Last Review Date:** March 12, 2021

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## Beleodaq

### Description

#### Beleodaq (belinostat)

#### Background

Beleodaq (belinostat) is used in the treatment of peripheral T-cell lymphoma in patients with cancer that comes back or does not respond to other cancer treatment. T-cell lymphoma occurs when T-cells of the immune system called lymphocytes, a type white blood cell, grow uncontrollably. These cancerous cells then travel to other parts of the body and form masses called tumors. Beleodaq helps inhibit the growth of affected cells and often leads to death of the cancer cells (1).

#### Regulatory Status

FDA-approved indications: Beleodaq is a histone deacetylase inhibitor indicated for the 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 (1).

Recommended dosage of Beleodaq is 1,000 mg/m<sup>2</sup> administered over 30 minutes by intravenous infusion once daily on days 1-5 of a 21-day cycle. Cycles can be repeated until disease progression or unacceptable toxicity. Beleodaq treatment discontinuation or interruption with or without dosage reductions by 25% may be needed to manage adverse reactions (1).

Beleodaq can cause thrombocytopenia, leukopenia (neutropenia and lymphopenia), and/or anemia. Physicians are cautioned to monitor blood counts weekly during treatment in order to

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determine whether dosage modification is necessary. Absolute neutrophil count (ANC) should be greater than or equal to  $1.0 \times 10^9/L$  and the platelet count should be greater than or equal to  $50 \times 10^9/L$  prior to the start of each cycle and prior to resuming treatment following toxicity. Beleodaq should be discontinued in patients who have recurrent ANC nadirs less than  $0.5 \times 10^9/L$  and/or recurrent platelet count nadirs less than  $25 \times 10^9/L$  after two dosage reductions (1).

Beleodaq can cause hepatotoxicity therefore the physician is cautioned to monitor liver function tests before treatment and at the start of each cycle in order to omit or modify dosage based on his or her medical judgment. Patients with advanced stage disease and/or high tumor burden should be monitored for tumor lysis syndrome (1).

Serious and sometimes fatal infections, including pneumonia and sepsis, have occurred with Beleodaq. Beleodaq should not be administered to patients with an active infection (1).

The safety and effectiveness of Beleodaq in pediatric patients less than 18 years of age have not been established (1).

#### **Related policies**

Istodax, Zolinza

#### **Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Beleodaq may be considered **medically necessary** in patients 18 years of age or older with relapsed or refractory peripheral T-cell lymphoma (PTCL) and if the conditions indicated below are met.

Beleodaq may be considered **investigational** in patients less than 18 years of age and for all other indications.

#### **Prior-Approval Requirements**

**Age** 18 years of age or older

#### **Diagnosis**

Patient must have the following:

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Relapsed or refractory peripheral T-cell lymphoma (PTCL)

## Prior – Approval *Renewal* Requirements

### Diagnosis

**Age** 18 years of age or older

Patient must have the following:

Relapsed or refractory peripheral T-cell lymphoma (PTCL)

**AND ALL** of the following:

1. **NO** disease progression
2. **NO** unacceptable toxicity from prior Beleodaq treatment

### Policy Guidelines

#### Pre - PA Allowance

None

#### Prior - Approval Limits

**Duration** 12 months

#### Prior – Approval *Renewal* Limits

Same as above

### Rationale

#### Summary

Beleodaq is used in the treatment of peripheral T-cell lymphoma in patients with cancer that comes back or does not respond to other cancer treatment. Beleodaq helps inhibit the growth of affected cells and often leads to death of the cancer cells (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Beleodaq while maintaining optimal therapeutic outcomes.

#### References

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1. Beleodaq [package insert]. East Windsor, NJ: Acrotech Biopharma LLC; January 2020.

## Policy History

Date	Action
August 2014	Addition to PA
September 2014	Annual review and update
December 2014	Annual review and update
December 2015	Annual review
June 2016	Annual review and reference update Policy code changed from 5.04.48 to 5.21.48
June 2017	Annual editorial review
June 2018	Annual editorial review and reference update
June 2019	Annual review
June 2020	Annual review and reference update
March 2021	Annual editorial review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2020 and is effective on April 1, 2021.**