VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Welireg Prior Authorization Policy
- Welireg™ (belzutifan tablets – Merck)

REVIEW DATE: 09/13/2023; selected revision 12/20/2023

OVERVIEW

Welireg, a hypoxia-inducible factor inhibitor, is indicated for the treatment of:

- **Renal cell carcinoma**, **advanced** following a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI) in adults.
- **von Hippel-Lindau (VHL) disease,** in adults who require therapy for associated renal cell carcinoma, central nervous system (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors, not requiring immediate surgery.[1]

The pivotal trial for VHL disease included patients with VHL disease-associated renal cell carcinoma, CNS hemangioblastomas, pancreatic neuroendocrine tumor, and retinal hemangioblastoma.[2]

Guidelines

Welireg is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **CNS Cancers:** Guidelines (version 1.2023 – March 24, 2023) recommend Welireg for VHL-associated CNS hemangioblastoma not requiring immediate surgery as "useful in certain circumstances" (category 2A).[3]
- **Kidney Cancer:** Guidelines (version 1.2024 – June 21, 2023) recommend Welireg as a "preferred" regimen for VHL-associated renal cell carcinoma (category 2A) and single-agent therapy for relapse or stage IV disease as subsequent therapy for clear cell histology as "useful in certain circumstances" (category 2B)[4]
- **Neuroendocrine and Adrenal Tumors:** Guidelines (version 1.2023 – August 2, 2023) list VHL disease as a hereditary endocrine neoplasia. Welireg is recommended in a variety of settings for pancreatic neuroendocrine tumors with germline VHL alteration (category 2A).[5]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Welireg. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Welireg is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Renal Cell Carcinoma**. Approved for 1 year if the patient meets the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has advanced disease; AND

C) Patient has tried at least one programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor; AND
Note: Examples of PD-1 inhibitor or PD-L1 inhibitor include: Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), and Bavencio (avelumab intravenous infusion).

D) Patient has tried at least one vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI).
Note: Examples of VEGF-TKI include Cabometyx (cabozantinib tablets), Lenvima (lenvatinib capsules), Inlyta (axitinib tablets), Fotivda (tivozanib capsules), pazopanib, sunitinib, and sorafenib

2. Von Hippel-Lindau Disease. Approve for 1 year if the patient meets the following (A, B, C and D):

A) Patient is ≥ 18 years of age; AND

B) Patient has a von Hippel-Lindau (VHL) germline alteration as detected by genetic testing; AND

C) Patient does not require immediate surgery; AND

D) Patient requires therapy for ONE of the following conditions (i, ii, iii, or iv):

i. Central nervous system hemangioblastomas; OR

ii. Pancreatic neuroendocrine tumors; OR

iii. Renal cell carcinoma; OR

iv. Retinal hemangioblastoma.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Welireg is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Welireg™ tablets [prescribing information]. Whitehouse Station, NJ: Merck; December 2023.
2. Jonasch E, Donskov F, Iliopoulos O, et al. Belzutifan for renal cell carcinoma in von Hippel-Lindau disease. *N Eng J Med*. 2021; 385(22): 2036-2046.
3. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 12, 2023.
4. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 1.2024 – June 21, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 12, 2023.
5. The NCCN Neuroendocrine and Adrenal Tumors Clinical Practice Guidelines in Oncology (version 1.2023 – August 2, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on September 12, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/07/2022
Annual Revision	No criteria changes.	09/13/2023
Selected Revision	**Renal Cell Carcinoma**: Indication and criteria were added to the FDA-Approved Indications section due to new indication in advanced renal cell carcinoma following a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor and a vascular endothelial growth factor tyrosine kinase inhibitor (VEGF-TKI) in adults.	12/20/2023