

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Welireg Prior Authorization Policy

- Welireg® (belzutifan tablets – Merck)

REVIEW DATE: 06/19/2024

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:** NCCN guidelines (version 1.2024 – May 31, 2024) recommend Welireg for VHL-associated CNS hemangioblastoma not requiring immediate surgery or those for whom surgery is contraindicated as “useful in certain circumstances” (category 2A).³
- **Kidney Cancer:** NCCN guidelines (version 4.2024 – May 30, 2024) recommend Welireg as a “preferred” regimen for VHL-associated renal cell carcinoma (category 2A). Welireg is also recommended as a single-agent therapy for relapse or stage IV disease as subsequent therapy for clear cell histology if prior includes immuno-oncology therapy (PD-1 or PD-L1 inhibitor) and a VEGF-TKI as “other recommended regimens” (category 2A) and as immuno-oncology therapy naive as “useful in certain circumstances” (category 2B).⁴
- **Neuroendocrine and Adrenal Tumors:** NCCN 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 ALL of 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 ALL of 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 1.2024 – May 31, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 17, 2024.
4. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 4.2024 – May 30, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 17, 2024.
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 June 17, 2024.

