BELZUTIFAN (Welireg)

INDICATION (ICD10)

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (BELZUT1a) (BELZUT1b)

1. Belzutifan monotherapy for adult patients with von Hippel-Lindau (VHL) disease who require systemic therapy for VHL associated renal cell carcinoma, central nervous system haemangioblastomas or pancreatic neuroendocrine tumours, AND for whom localised procedures are unsuitable or undesirable and in the absence of systemic therapy with belzutifan the patient would otherwise proceed to treatment for VHL associated tumour(s) with a localised procedure / procedures which is/are considered by the patient and clinician to be unsuitable or undesirable. Has not been previously treated with belzutifan or any hypoxia-inducible factor 2 alpha (HIF-2α). PS 0 or 1.
2. Belzutifan monotherapy for adult patients with von Hippel-Lindau (VHL) disease who require EITHER continuation of belzutifan beyond disease progression in one dominant tumour but who have continued benefit in other equally dominant VHL associated tumours OR a subsequent re-start of therapy for a different VHL associated tumour to the one which previously resulted in the original indication for belzutifan treatment, and AND for which localised procedures are unsuitable or undesirable. PS 0 or 1.

REGIMEN

BELZUTIFAN 120mg orally daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Daily continuously until disease progression.
A formal medical review as to whether treatment with belzutifan continues or not will be scheduled to occur at least by the end of the second month of treatment.
Some patients who meet all the Blueteq criteria BELZUT1b may be eligible to continue treatment beyond progression.

ADMINISTRATION

Available as 40mg tablet

ANTI-EMETICS

Low emetic risk

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs minimum monthly

Neutrophils x 10^9/L	≥1.0
Platelets x 10^9/L	≥50
Hb	≥8g/dL

Pulse oximetry before initiation and periodically throughout treatment, with more frequent monitoring during the first 6 months.

MAIN TOXICITES AND ADVERSE REACTIONS

Belzutifan	Anaemia Embryofoetal toxicity Fertility may be impaired – reversibility is unknown Hypoxia

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Belzutifan	Lots of interactions, check carefully

DOSE MODIFICATIONS

Haematological

Anaemia

Grade 3: Haemoglobin (Hgb <8g/dL) transfusion indicated	• Withhold until resolved to ≤grade 2 (Hb≥8g/dL). • Resume at a reduced dose (reduce by 40mg) or discontinue depending on the severity and persistence of anaemia.
Grade 4: Life-threatening or urgent intervention indicated	• Withhold until resolved to ≤grade 2 (Hb≥8g/dL). • Resume at a reduced dose (reduce by 40mg) or permanently discontinue.

Non-haematogical

Hypoxia

Grade 2: Decreased oxygen saturation with exercise (eg pulse oximeter <88%) intermittent supplemental oxygen	• Consider withholding until resolved • Resume at the same dose or at a reduced dose depending on the severity of hypoxia.
Grade 3: Decreased oxygen saturation at rest (e.g. pulse oximeter <88% or PaO^2 ≤55mmHg)	• Withhold until resolved to ≤grade 2 • Resume at reduced dose (reduce by 40mg) or discontinue depending on the severity and persistence of hypoxia.
Grade 4: Life-threatening	• Permanently discontinue.

Other

Grade 3	• Withhold dosing until resolved to ≤grade 2. • Consider resuming at a reduced dose (reduce by 40mg). • Permanently discontinue upon recurrence of grade 3.
Grade 4	• Permanently discontinue.

Hepatic impairment

Belzutifan

No dose adjustment is recommended in patients with mild hepatic impairment.
Belzutifan has not been studied in patients with moderate or severe hepatic impairment.

Renal impairment

Belzutifan

No dose adjustment is recommended in patients with mild or moderate renal impairment (eGFR ≥30mL/minute/1.73m^2).
Belzutifan has not been studied in patients with severe renal impairment.

REFERENCES

1. SPC