

Drug Therapy Guidelines: Zolinza® (vorinostat)

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Committee Review Date: 1/7/03, 1/20/04,
1/18/05, 8/16/05, 10/15/06, 5/29/07, 11/5/07*

Policy Statements:

Non-Formulary or Prior Authorization drugs will require an appropriate trial of a Formulary agent(s) based on clinical criteria. Members with a closed Formulary (2 Tier) prescription benefit are limited to use of Formulary agents only. A therapeutic trial of samples of a Non-Formulary or Prior Authorization agent will not be accepted as appropriate.

Please be sure to list all therapies that have been previously tried on the request form so that your request can be processed in a timely manner.

What it Does and How it is Used:

- Zolinza® is used in the treatment of an advanced skin cancer known as cutaneous T-cell lymphoma (CTCL) or “mycosis fungoides” and “Sézary syndrome”.
- In CTCL, skin lymphocytes abnormally divide and form tumors at the surface of the skin. These cutaneous manifestations are dark red itchy patches and plaques that can become ulcerated and infected.
- Of approximately 59,000 new cases of all types of non-Hodgkin lymphomas diagnosed in the US each year, about 1,500 are new cases of CTCL.
- First-line therapy for CTCL includes topical drug therapy, phototherapy, radiation, photochemotherapy (PUVA), alpha-interferon, and single-agent or combination systemic chemotherapy.
- Zolinza® was approved under the orphan drug act for the treatment of cutaneous manifestations in patients with CTCL who have progressive, persistent or recurrent disease on or following two systemic therapies.
- In trials, patients tried and failed or were intolerant to a median of 3 to 4 treatments before taking Zolinza®.
- Zolinza® is a histone deacetylase (HDAC) inhibitor. Inhibition of this enzyme blocks gene transcription and arrests the tumor cell cycle thus decreasing the growth of cancer cells.
- From 24.2% to 36.4% of patients can achieve either a complete or partial response (at least 50% improvement) with Zolinza® depending on the stage and severity of disease.
- Most patients experience a response to treatment in two months and an overall duration of response for about six months.
- Zolinza® is taken with food 400mg by mouth once daily. Treatment continues as long as it is tolerated and there is no evidence of progressive disease. The dose is modified to 300mg daily for intolerance or toxicity. If further reduction is necessary, Zolinza® is given 300mg once daily for five consecutive days each week.

What it Costs:

Agent	Dose	AWP	AWP/month
Zolinza®	400mg by mouth daily	\$75.00 per 100mg capsule	\$9,000

Rationale for Prior Authorization:

To reduce exposure to cost associated with the treatment of other cancers for which the effectiveness of Zolinza® is not known.

Benefit Design:

Coverage is determined through a prior authorization process for every claim.

Prior Authorization Criteria:

Coverage for Zolinza® is provided in accord with the following:

- Zolinza® is being used for the treatment of cutaneous manifestations in patients with cutaneous T-cell lymphoma (CTCL).
- Patients have progressive, persistent or recurrent disease despite treatment with at least two other systemic therapies such as oral bexarotene (Targretin®), α-interferon (Intron-A®, Roferon-A®, Pegasys®, PEG-Intron®), denileukin diftitox (Ontak®), photochemotherapy [Psoralen plus ultraviolet A (PUVA)] or systemic chemotherapy.

Coverage Duration:

Coverage is provided to achieve a dose of 400mg per day. Coverage is provided for 6 months and may be renewed for an additional 6 months in situations where initial therapy has shown improvement in the patient's CTCL.

References:

1. Zolinza® (vorinostat). Prescribing information. Merck & Co., Inc. Whitehouse Station, NJ: October 2006.
2. Leukemia & Lymphoma Society. "Cutaneous T-Cell Lymphoma". Available from <http://www.lls.org>. White Plains, NY: November 2006.
3. Whittaker SJ, Marsden JR, Spittle M, Russell Jones R. Joint British Association of Dermatologists and U.K. Cutaneous Lymphoma Group guidelines for the management of primary cutaneous T-cell lymphomas. British Journal of Dermatology 2003 Dec; 149(6):1095-1107.