New haematology reimbursements in Belgium

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OVERVIEW OF BELGIAN REIMBURSEMENT NEWS

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BRENTUXIMAB VEDOTIN (ADCETRIS®)

Brentuximab vedotin (Adcetris®) was already reimbursed for the treatment of adult patients (>18 years) with relapsed/refractory CD30 positive Hodgkin lymphoma (HL) after failure of an autologous stem cell transplantation (ASCT), or after the failure of at least two prior lines of treatment in HL patients who are ASCT ineligible. In addition, brentuximab vedotin is also reimbursed in adult patients with systemic anaplastic large cell lymphoma (sALCL) who relapsed after, or were refractory to combination chemotherapy. As of July 1st, 2018, a one-time retreatment with brentuximab vedotin after initial brentuximab vedotin therapy is also reimbursed for HL and sALCL patients fulfilling all the following criteria:

- Patients are required to have a complete or partial response during the initial brentuximab vedotin therapy (according to the most recent International Working Group [IWG] response criteria).
- Patients are required to have discontinued the brentuximab vedotin therapy during the period in remission.
- Patients are required to have subsequent disease progression or relapse.
- Patients who were previously treated with an ASCT are eligible for re-treatment if the time between the first brentuximab vedotin administration of the re-treatment and the transplantation is >100 days.

LIPEGFILGRASTIM (LONQUEX®)

Since August 1st, 2018, new reimbursement criteria are available for lipegfilgrastim (Lonquex®). Lonquex is now reimbursed if administered, under the supervision of a centre for oncology and/or haematology, to reduce the incidence and duration of febrile neutropenia (FN) in patients treated with cytotoxic chemotherapy for malignancy (except chronic myeloid leukaemia and myelodysplastic syndromes), in each of the following situations:

1. For Primary Prevention of FN:
   a. Cytotoxic chemotherapy with a FN risk ≥ 20%.
   b. Cytotoxic chemotherapy with a FN risk > 10% and patient and tumour-related factors significantly increase the risk of FN.
   c. Use of dose-dense or dose-intense chemotherapy regimens.
   d. To avoid the need for dose reduction and/or dose delay, particularly with curative treatment or with first-line treatment of metastatic disease.
2. For Treatment and Secondary Prevention of FN:
   Either a neutropenia that is lower than 500/mm³ and more than 38 °C fever.
   Either a neutropenia that is lower than 500/mm³ for at least five days.

The reimbursement of Lonquex® is allowed on the basis of an electronic request via the eHealth platform.

REFERENCE

RIZIV/INAMI website: *https://www.riziv.fgov.be/nl/Paginas/default.aspx*

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Conflict of interest: The author has nothing to disclose and indicates no potential conflict of interest.