

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Beleodaq (belinostat)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Beleodaq (belinostat)

### APPROVAL CRITERIA

Requests for Beleodaq (belinostat) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Non-Hodgkin Lymphoma (NHL) as:
  - A. Relapsed or refractory peripheral T-cell lymphoma (PTCL); **OR**
  - B. Mycosis Fungoides/Sézary Syndrome (NCCN 2A); **OR**
  - C. Relapsed or refractory adult T-cell leukemia/lymphoma (NCCN 2A); **OR**
  - D. Relapsed or refractory primary cutaneous CD30+ T-cell lymphoproliferative disorders – cutaneous anaplastic large cell lymphoma (NCCN 2A); **OR**
  - E. Relapsed or refractory extranodal NK/T-Cell lymphoma, nasal type (NCCN 2A); **OR**
  - F. Relapsed or refractory hepatosplenic gamma-delta T-Cell Lymphoma (NCCN 2A).

Requests for Beleodaq (belinostat) may not be approved when the above criteria are not met and for all other indications.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 2, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 2, 2019.
  - a. Primary Cutaneous Lymphomas. V2.2019. Revised December 17, 2018.
  - b. T-Cell Lymphomas. V2.2019. Revised December 17, 2018.

CRX-ALL-0495-20

PAGE 1 of 2 02/05/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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