

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

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. Adult T-cell leukemia/lymphoma (NCCN 2A); **OR**
 - D. Relapsed or refractory primary cutaneous CD30+ T-cell lymphoproliferative disorders (NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed; 4/2018

PAGE 1 of 2 08/3/2018

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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DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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