

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

\*FHK- Florida Healthy Kids

## Zolinza (vorinostat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Zolinza (vorinostat)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Zolinza (vorinostat) may be approved if the following criteria are met:

- I. Cutaneous T-cell lymphoma; **AND**
  - A. Individual has progressive, persistent, or recurrent disease on or following two prior therapies;
  
- OR**
- II. Non-Hodgkin Lymphoma - Mycosis fungoides (MF)/Sézary Syndrome (SS) (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.: 2017. 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: 10/2017.

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 [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2017 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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