

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 one of the following:
 - A. Relapsed or refractory peripheral T-cell lymphoma (PTCL); **OR**
 - B. Relapsed or refractory breast implant associated ALCL (NCCN 2A); **OR**
 - C. Relapsed or refractory adult T-cell leukemia/lymphoma (NCCN 2A); **OR**
 - D. Relapsed or refractory extranodal NK/T-Cell lymphoma (NCCN 2A); **OR**
 - E. Relapsed or refractory hepatosplenic 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.: 2023. 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: June 27, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 27, 2022.
 - a. T-Cell Lymphomas. V1.2023. Revised January 5, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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