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.