

BELEODAQ (belinostat)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory peripheral T-cell lymphoma (PTCL)

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory peripheral T-cell lymphoma (PTCL)

AND ALL of the following:

- 1. **NO** disease progression
- 2. NO unacceptable toxicity from prior Beleodaq treatment

Prior - Approval Renewal Limits

Same as above