

TREANDA / BENDEKA / BELRAPZO / VIVIMUSTA
(bendamustine)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Chronic lymphocytic leukemia (CLL)
2. B-cell non-Hodgkin lymphoma (NHL)
3. Refractory or relapsed Hodgkin lymphoma

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above