

ROMIDEPSIN
Istodax (romidepsin), Romidepsin

Pre - PA AllowanceNone

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Cutaneous T-cell lymphoma (CTCL)

AND the following:

1. Disease must have relapsed or progressed after one prior therapy

Prior - Approval Limits

Duration 12 months

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Cutaneous T-cell lymphoma (CTCL)

Prior - Approval *Renewal* Limits

Same as above