



**BlueCross.
BlueShield.**

Federal Employee Program.

**ZOLINZA
(vorinostat)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Cutaneous T-Cell Lymphoma (CTCL)

AND ALL of the following:

1. Previous or concurrent treatment with two **systemic** therapies
2. Baseline ECG, blood cell counts, electrolytes and serum glucose and serum creatinine
3. Able to maintain adequate hydration (at least 2 L/day)

Prior - Approval Limits

Quantity	100 mg	360 capsules per 90 days
Duration	12 months	

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above