Reference number(s)
1705-A

Specialty Guideline Management bendamustine products

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Treanda	bendamustine
Bendeka	bendamustine
Belrapzo	bendamustine
Vivimusta	bendamustine

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1-5]

- Chronic lymphocytic leukemia (CLL)
- Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen

Compendial Uses[6,7,8]

- Classic Hodgkin lymphoma (cHL)
- Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
- Multiple myeloma (MM)
- CLL/small lymphocytic lymphoma (SLL)
- B-cell lymphomas:
    - Human immunodeficiency virus (HIV)-related B-cell lymphoma

    - Diffuse large B-cell lymphoma (DLBCL)
    - Follicular lymphoma
    - High grade B-cell lymphoma
    - Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
    - Marginal zone lymphoma
        - Nodal marginal zone lymphoma
        - Extranodal marginal zone lymphoma of the stomach (gastric mucosa associated lymphoid tissue (MALT) lymphoma)
        - Extranodal marginal zone lymphoma of nongastric sites (nongastric MALT lymphoma)
        - Splenic marginal zone lymphoma
    - Mantle cell lymphoma (MCL)
    - Post-transplant lymphoproliferative disorders (PTLD)
- T-cell lymphomas:
    - Adult T-cell leukemia/lymphoma (ATLL)
    - Hepatosplenic T-Cell lymphoma
    - Peripheral T-cell lymphoma (PTCL)
    - Breast implant associated anaplastic large cell lymphoma (ALCL)
    - T-cell prolymphocytic leukemia
- Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma/Bing-Neel syndrome
- Systemic light chain amyloidosis
- Hematopoietic cell transplantation
- Cold agglutinin disease

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

B-Cell Lymphoma[1-6]

Authorization of 12 months may be granted for treatment of B-cell lymphomas with any of the following subtypes:

- HIV-related B-cell lymphoma (HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma, plasmablastic lymphoma) when all of the following criteria are met:
    - The requested drug is used as subsequent therapy
    - The requested drug is used in combination with polatuzumab vedotin-piiq with or without rituximab
- Diffuse large B-cell lymphoma (DLBCL) when all of the following criteria are met:
    - The requested drug is used as subsequent therapy
    - The requested drug is used in combination with polatuzumab vedotin-piiq with or without rituximab
- Follicular lymphoma
- High-grade B-cell lymphoma when all of the following criteria are met:
    - The requested drug is used as subsequent therapy

    - The requested drug will be used in combination with polatuzumab vedotin-piiq with or without rituximab
- Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma when all of the following criteria are met:
    - The requested drug is used in combination with polatuzumab vedotin-piiq with or without rituximab
    - The member has received treatment with an anthracycline-based regimen (e.g., doxorubicin)
    - The member is not a candidate for transplant
- Mantle cell lymphoma (MCL) when any of the following criteria are met:
    - The requested drug is used in combination with rituximab, or
    - The requested drug is used as a component of RBAC500 (rituximab, bendamustine, and cytarabine), or
    - The requested drug is used in combination with acalabrutinib and rituximab
- Marginal zone lymphoma
    - Nodal marginal zone lymphoma when used in combination with rituximab or obinutuzumab
    - Extranodal marginal zone lymphoma of the stomach (Gastric MALT lymphoma) when used in combination with rituximab or obinutuzumab
    - Extranodal marginal zone lymphoma of nongastric sites (Nongastric MALT lymphoma) when used in combination with rituximab or obinutuzumab
    - Splenic marginal zone lymphoma when used in combination with rituximab or obinutuzumab
- Monomorphic post-transplant lymphoproliferative disorders (B-cell type) when all of the following criteria are met:
    - The requested drug is used as subsequent therapy
    - The requested drug will be used in combination with polatuzumab vedotin-piiq with or without rituximab

T-Cell Lymphoma[6]

Authorization of 12 months may be granted for treatment of T-cell lymphomas with any of the following subtypes:

- Adult T-cell leukemia/lymphoma (ATLL) when all of the following criteria are met:
    - The requested drug is used as a single agent
    - The requested drug is used as subsequent therapy
- Hepatosplenic T-Cell lymphoma when all of the following criteria are met:
    - The requested drug is used as a single agent
    - The requested drug is used for refractory disease after 2 first-line therapy regimens
- Peripheral T-cell lymphoma (PTCL) [including the following subtypes: anaplastic large cell lymphoma, peripheral T-cell lymphoma not otherwise specified, angioimmunoblastic T-cell lymphoma, enteropathy associated T-cell lymphoma, monomorphic epitheliotropic intestinal T-cell lymphoma, nodal peripheral T-cell lymphoma with TFH phenotype, or follicular T-cell lymphoma] when all of the following criteria are met:
    - The requested drug is used as a single agent

    - The requested drug is used as palliative or subsequent therapy
- Breast implant associated anaplastic large cell lymphoma (ALCL) when all of the following are met:
    - The requested drug is used as a single agent
    - The requested drug is used as subsequent therapy
- T-cell prolymphocytic leukemia when used as a single agent for symptomatic disease

Chronic Lymphocytic Leukemia/Small Lymphocytic Leukemia (CLL/SLL)[1-6]

Authorization of 12 months may be granted for treatment of CLL/SLL without chromosome 17p deletion or TP53 mutation.

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma/Bing-Neel Syndrome[6]

Authorization of 12 months may be granted for treatment of Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma or Bing-Neel syndrome when either of the following criteria are met:

- The requested drug will be used in combination with rituximab, or
- The requested drug will be used as a single agent

Multiple Myeloma (MM)[6]

Authorization of 12 months may be granted for treatment of MM when all of the following criteria are met:

- The disease is relapsed or refractory and the member has tried more than 3 prior therapies, and
- The requested drug will be used in any of the following regimens:
    - In combination with lenalidomide and dexamethasone, or
    - In combination with bortezomib and dexamethasone, or
    - In combination with carfilzomib and dexamethasone, or
    - As a single agent

Classic Hodgkin Lymphoma (cHL)[6]

Authorization of 12 months may be granted for treatment of cHL when all of the following criteria are met:

- The requested drug will be used as re-induction, subsequent therapy, or palliative therapy, and
- The requested drug will be used in any of the following regimens:
    - In combination with brentuximab vedotin, or
    - In combination with gemcitabine and vinorelbine, or
    - In combination with carboplatin and etoposide, or
    - As a single agent

Nodular Lymphocyte Predominant Hodgkin Lymphoma (NLPHL)[6]

Authorization of 12 months may be granted for treatment of nodular lymphocyte predominant Hodgkin lymphoma when all of the following criteria are met:

- The requested drug will be used as subsequent therapy
- The requested drug will be used in combination with rituximab

Systemic Light Chain Amyloidosis[6]

Authorization of 12 months may be granted for treatment of systemic light chain amyloidosis when all of the following criteria are met:

- The requested drug will be used in combination with dexamethasone
- The requested drug will be used to treat relapsed or refractory disease

Hematopoietic Cell Transplantation[6]

Authorization of 12 months may be granted for use in hematopoietic cell transplantation when all of the following criteria are met:

- The requested drug will be used as conditioning for autologous transplant
- The requested drug will be used in combination with etoposide, cytarabine and melphalan

Cold Agglutinin Disease[7]

Authorization of 12 months may be granted for treatment of cold agglutinin disease when used in combination with rituximab.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Treanda [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; October 2022.
2. Bendeka [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; January 2024.
3. Belrapzo [package insert]. Woodcliff Lake, NJ; Eagle Pharmaceuticals, Inc; January 2024.
4. Vivimusta [package insert]. Princeton, NJ; Slayback Pharma LLC; November 2023.
5. Bendamustine [package insert]. Raleigh, NC; Accord Healthcare, Inc.; October 2023.
6. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed April 11, 2025.
7. IBM Micromedex® DRUGDEX® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at https://www.micromedexsolutions.com Accessed April 14, 2025.