Reference number(s)
7484-A

Specialty Guideline Management
Beqalzi

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
Beqalzi	sonrotoclax

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 Indication[1]

Beqalzi is indicated for adults with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton's tyrosine kinase (BTK) inhibitor.

Compendial Use[2]

Progressive mantle cell lymphoma (MCL)

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

Reference number(s)
7484-A

Coverage Criteria

Mantle Cell Lymphoma (MCL)[1,2]

Authorization of 12 months may be granted for treatment of progressive, relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a Bruton's tyrosine kinase (BTK) inhibitor (e.g., acalabrutinib (Calquence), ibrutinib (Imbruvica), pirtobrutinib (Jaypirca), zanubrutinib (Brukinsa)).

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. Beqalzi [package insert]. Pennington, NJ: BeOne Medicines USA, Inc.; May 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed June 9, 2026.