

Market Applicability									
Market	DC	GA	KY	MD	NJ	NY	TN	TX	WA
Applicable	X	X	X	X	X	X	NA	NA	X

Belrapzo (bendamustine hydrochloride)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Belrapzo (bendamustine hydrochloride)

APPROVAL CRITERIA

Requests for Belrapzo (bendamustine HCl) may be approved if the following criteria are met:

- I. Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL); **OR**
- II. Relapsed or refractory classical Hodgkin lymphoma (NCCN 2A); **OR**
- III. Non-Hodgkin lymphoma (NHL) (for example, adult T-cell leukemia, AIDS-related B-cell lymphoma, diffuse-large B-cell lymphoma, follicular lymphoma, gastric MALT lymphoma, mantle cell lymphoma, mycosis fungoides/Sézary syndrome, nodal marginal zone lymphoma, non-gastric MALT lymphoma, primary cutaneous B-cell lymphoma, primary cutaneous CD30+ T-cell lymphoproliferative disorders, peripheral T-cell lymphoma, small lymphocytic lymphoma, splenic marginal zone lymphoma); **OR**
- IV. Multiple myeloma for disease relapse or refractory disease (NCCN 2A); **OR**
- V. Waldenström's macroglobulinemia (NCCN 2A).

Requests for Belrapzo (bendamustine HCl) may **not** be approved for the following:

- I. All other indications not listed above; **OR**
- II. Metastatic breast cancer; **OR**
- III. Small cell lung cancer (SCLC).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	NA	NA	X

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 20, 2019.
 - a. Chronic Lymphocytic leukemia/small lymphocytic lymphoma. V4.2019. Revised March 15, 2019.
 - b. B-Cell Lymphomas. V2.2019. Revised March 6, 2019.
 - c. T-Cell Lymphomas. V2.2019. Revised December 17, 2018.
 - d. Primary Cutaneous Lymphomas. V2.2019. Revised December 17, 2018.

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