

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Bendamustine Agents (Belrapzo, Bendeka, Treanda)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Belrapzo (bendamustine hydrochloride) Bendeka (bendamustine hydrochloride) Treanda (bendamustine hydrochloride)

### APPROVAL CRITERIA

Requests for bendamustine agents (Belrapzo, Bendeka, Treanda) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
  - A. Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL); **OR**
  - B. Relapsed or refractory classical Hodgkin lymphoma (NCCN 2A); **OR**
  - C. Non-Hodgkin lymphoma (NHL); **OR**
  - D. Multiple myeloma for disease relapse or refractory disease (NCCN 2A); **OR**
  - E. Waldenström's macroglobulinemia (NCCN 2A).

Requests for bendamustine agents (Belrapzo, Bendeka, Treanda) may **not** be approved for the following:

- I. All other indications not listed above; **OR**
- II. Treatment of metastatic breast cancer; **OR**
- III. Treatment of 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

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.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

**Key References:**

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.

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.