

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Treanda (bendamustine hydrochloride)

CG-DRUG-98

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Treanda (bendamustine hydrochloride)

APPROVAL CRITERIA

Treanda (bendamustine HCL) may be approved for the following indications:

- I. Chronic lymphocytic leukemia (CLL); **OR**
- II. Relapsed or refractory classical Hodgkin lymphoma; **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; **OR**
- V. Waldenström's macroglobulinemia.

Treanda (bendamustine HCL) may **not** be approved when the criteria above are not met and for all other indications, including, but not limited to **any** of the following:

- I. Metastatic breast cancer;
- II. 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:

PAGE 1 of 2 07/23/2018

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.

CRX-ALL-0197-18

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Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

1. Bauer K, Rancea M, Roloff V, et al. Rituximab, ofatumumab and other monoclonal anti-CD20 antibodies for chronic lymphocytic leukaemia. Cochrane Database Syst Rev. 2012;(11):CD008079.
2. NCCN Clinical Practice Guidelines in Oncology®. © 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 3, 2018.
 - B-Cell Lymphoma (V.2.2018). Revised February 26, 2018.
 - Breast Cancer (V.1.2018). Revised March 20, 2018.
 - Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (V.5.2018). Revised March 26, 2018.
 - Hodgkin Lymphoma (V.1.2018). Revised December 20, 2017.
 - Multiple Myeloma (V.4.2018). Revised February 12, 2018.
 - Small Cell Lung Cancer (V.2.2018). Revised January 17, 2018.
 - T-Cell Lymphomas (V.3.2018). Revised February 22, 2018.
 - Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (V.1 2018). Revised March 7, 2018.
3. Siegel R, Ma J, Zou A, Jemal A. Cancer Statistics 2015. CA Cancer J Clin. 2015; 65:5-29.
4. TREANDA [Product information]. North Wales, PA. Teva Pharmaceuticals USA, Inc; Revised October 18 2016. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/022249s0221bl.pdf. Accessed on April 2, 2018.

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