Clinical Oversight Review Board (CORB) Criteria for Prescribing

Belinostat (Beleodaq)

Non-Formulary **belinostat** (**Beleodaq**) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria</u>: Non-formulary **belinostat (Beleodaq)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an oncologist or hematologist
- Diagnosis of primary T-cell lymphoma (PTCL) OR cutaneous T-cell lymphoma (CTCL)
- Prior combination chemotherapy
- Progression after romidepsin (Istodax)

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