

Clinical Oversight Review Board (CORB) Criteria for Prescribing Pralatrexate (Folotyn)

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

Initiation (new start) criteria: Non-formulary **pralatrexate (Folotyn)** 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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All plans offered and underwritten by
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