

vorinostat (ZOLINZA)

Diagnosis Considered for Coverage:

- Treatment of progressive, persistent, or recurrent cutaneous manifestations associated with T-cell lymphoma (AKA mycosis fungoides, Sezary syndrome)

Coverage Criteria:

For diagnosis listed above:

- Dose does not exceed 400 mg per day.

Coverage Duration: one year

Effective Date: 5/31/2023