

Specialty Pharmacy Program

Zolinza® (vorinostat)

DESCRIPTION

Zolinza is a histone deacetylase inhibitor indicated for the treatment of cutaneous T-cell lymphoma.

APPROVAL DURATION

Approval duration: 1 year

APPROVAL CRITERIA

FDA-Approved Indication(s)

1. Treatment of cutaneous manifestations in patients with cutaneous T-cell lymphoma who have progressive, persistent, or recurrent disease on or following two systemic therapies.