

<b>Clinical Policy Title:</b>	bleomycin injection, powder, lyophilized, for solution
<b>Policy Number:</b>	RxA.818
<b>Drug(s) Applied:</b>	Bleomycin®
<b>Original Policy Date:</b>	10/11/2024
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Squamous Cell Carcinoma (must meet all):

1. Diagnosis of Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, palate, lip, buccal mucosa, gingivae, epiglottis, skin, larynx), penis, cervix, and vulva Squamous Cell Carcinoma;

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

#### B. Lymphomas (must meet all):

1. Diagnosis of Hodgkin's disease OR non-Hodgkin's lymphoma;

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

#### C. Testicular Carcinoma (must meet all):

1. Diagnosis of Embryonal cell, choriocarcinoma, and teratocarcinoma;

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

#### D. Malignant Pleural Effusion (must meet all):

1. Diagnosis of Malignant pleural effusion.

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

### II. Continued Therapy Approval

#### A. All Indications in Section I (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

## References

1. Bleomycin. Prescribing Information. Berkeley Heights, NJ, Hikma Pharmaceuticals Inc. March 2020. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=cccfb763-79fa-4186-89fb->

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/11/2024	12/05/2024
Policy reviewed.	12/11/2025	12/11/2025