Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

POMALYST (Pomalidomide)

GPI CODING:

214500800001**

DESCRIPTION:

Pomalyst (pomalidomide) is indicated for patients with relapsed or refractory multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib and have demonstrated disease progression on or within 60 days of completion of the last therapy.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR POMALYST

1. The member has a diagnosis of multiple myeloma **AND**
2. The member has received two prior therapies including Revlimid (lenalidomide) and (bortezomib) or the member has a contraindication or intolerance to Revlimid (lenalidomide) and Velcade (bortezomib) **AND**
3. The member has demonstrated disease progression on or within 60 days of completion of the last therapy/regimen **AND**
4. The prescriber, pharmacist, and member is enrolled in the POMALYST REMS program
   OR
5. All others if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
   a. Indication is a Category 1 or 2A in NCCN,
   b. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   c. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   d. The use is supported by clinical research in 2 or more peer-reviewed medical journals

Authorization for continued use shall be reviewed at least every 12 months to confirm the patient has not had disease progression while on therapy.