Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

THALOMID (thalidomide)

GPI CODING:

993920700001**

DESCRIPTION:

Thalomid is an immunomodulatory, anti-inflammatory, and anti-angiogenic agent. Thalomid is indicated for the treatment of multiple myeloma and erythema nodosum leprosum (ie, leprosy).

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR THALOMID

I. Treatment of erythema nodosum leprosum **OR**
II. Treatment of newly diagnosed multiple myeloma, in combination with dexamethasone **OR**
III. Off label uses for oncology drugs 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