

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

lenalidomide (Revlimid)

Notes:

- Quantity Limits: Yes
- Lenalidomide is part of a REMS program

Initiation (new start) criteria: Formulary **lenalidomide (Revlimid)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an oncologist or hematologist
AND
- Diagnosis of multiple myeloma
OR
- Diagnosis of chronic lymphocytic leukemia (CLL)/ small lymphocytic lymphoma (SLL)
OR
- Diagnosis of myelodysplastic syndrome (MDS) in patients with 5q cytogenetic abnormality who are transfusion-dependent (after epoetin failure or documented endogenous epoetin level is more than 500 microunits/mL)
OR
- Diagnosis of MDS in patients without 5q cytogenetic abnormality who have symptomatic anemia **AND** an ANC greater than or equal to 500 and platelets greater than or equal to 50,000 **OR** have serum EPO > 500 mU/mL and do not respond to luspatercept-aamt
OR
- Diagnosis of mantle cell lymphoma with progression after at least one prior chemotherapy regimens including cyclophosphamide/doxorubicin, bortezomib, bendamustine, cytarabine/Cisplatin, **OR** zanubrutinib
OR
- Diagnosis of follicular lymphoma with relapse or progression after at least one prior therapy. Given in combination with rituximab
OR
- Diagnosis of relapsed/refractory diffuse large B-cell lymphoma
AND
 - given in combination with tafasitamab**OR**
 - Given as maintenance after first-line therapy in patients 60-80 years of age**OR**
- Diagnosis of systemic light chain amyloidosis in combination with bortezomib and dexamethasone in the first-line setting **OR** for the treatment of relapsed disease after treatment with at least one prior chemotherapy regimen
OR
- Diagnosis of marginal zone lymphoma

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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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Criteria for current Kaiser Permanente members and new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Formulary **lenalidomide (Revlimid)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by an oncologist or hematologist
AND
- Diagnosis of multiple myeloma
OR
- Diagnosis of CLL/SLL
OR
- Diagnosis of myelodysplastic syndrome (MDS)
OR
- Diagnosis of mantle cell lymphoma
OR
- Diagnosis of follicular lymphoma
OR
- Diagnosis of relapsed/refractory diffuse large B-cell lymphoma AND given in combination with tafasitamab OR monotherapy maintenance in patients 60-80 years of age
OR
- Diagnosis of systemic light chain amyloidosis
OR
- Diagnosis of marginal zone lymphoma

Continued use criteria (12 months after initiation): Formulary **lenalidomide (Revlimid)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of multiple myeloma
OR
- Diagnosis of CLL/SLL
OR
- Diagnosis of myelodysplastic syndrome (MDS)
OR
- Diagnosis of mantle cell lymphoma
OR
- Diagnosis of relapsed/refractory diffuse large B-cell lymphoma AND given as monotherapy maintenance in patients 60-80 years of age for up to 24 months
OR
- Diagnosis of systemic light chain amyloidosis
OR
- Diagnosis of marginal zone lymphoma

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