Medimpact

STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

LOMUSTINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LOMUSTINE	GLEOSTINE	03900		GPI-10	
				(2110202000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of Hodgkin's lymphoma?

If yes, **approve for 12 months by HICL or GPI-10.** If no, continue to #2.

- 2. Does the patient have a diagnosis of primary and metastatic brain tumors **AND** meet the following criterion?
 - The patient has previously received appropriate surgical and/or radiotherapeutic procedures

If yes, continue to #3. If no, do not approve. **DENIAL TEXT:** See the denial text at the end of the guideline.

3. Will the patient be using this medication as a part of the PCV regimen (procarbazine, lomustine, and vincristine)?

If yes, approve for 12 months by HICL or GPI-10. If no, do not approve. DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LOMUSTINE (Gleostine)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
 - 1. Hodgkin's lymphoma (type of immune system cancer)
 - 2. Primary and metastatic brain tumors (tumor that has spread to other parts of body)
- B. If you have primary and metastatic brain tumors, approval also requires:
 - 1. You have previously received appropriate surgical and/or radiotherapeutic procedures
 - 2. The requested medication will be used as a part of the PCV regimen (procarbazine, lomustine, and vincristine)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gleostine.

REFERENCES

• Gleostine [Prescribing Information]. NextSource Biotechnology, LLC: Miami, FL; December 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Commercial Effective: 01/01/23 Created: 02/18 Client Approval: 11/22

P&T Approval: 01/18

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