



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

THALIDOMIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
THALIDOMIDE	THALOMID	11465		GPI-10 (9939207000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of multiple myeloma **AND** meet the following criterion?
 - Thalomid will be used in combination with dexamethasone

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #2.
2. Does the patient have a diagnosis of erythema nodosum leprosum (ENL)?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, continue to #3.
3. Does the patient have a diagnosis of anemia due to myelodysplastic syndrome **AND** meet the following criterion?
 - The patient has been previously treated for anemia due to myelodysplastic syndrome

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, continue to #4.
4. Does the patient have a diagnosis of Waldenström's macroglobulinemia?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.
DENIAL TEXT: See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

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 **THALIDOMIDE (Thalomid)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
 1. Multiple myeloma (a type of blood cancer)
 2. Erythema nodosum leprosum (ENL: a type of immune condition)
 3. Anemia due to myelodysplastic syndrome (a type of blood condition due to blood cancer)
 4. Waldenström's macroglobulinemia (a type of blood cancer)
- B. **If you have multiple myeloma, approval also requires:**
 1. Thalomid will be used in combination with dexamethasone
- C. **If you have anemia due to myelodysplastic syndrome, approval also requires:**
 1. You have been previously treated for anemia due to myelodysplastic syndrome

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.

RATIONALE

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

REFERENCES

- Thalomid [Prescribing Information]. Summit, NJ: Celgene Corporation; February 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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