POMALIDOMIDE

Generic	Brand	HICL	GCN	Exception/Other
POMALIDOMIDE	POMALYST	39996		

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of multiple myeloma?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Has the patient received at least two prior therapies including Revlimid (lenalidomide) and a proteasome inhibitor (e.g., Velcade [bortezomib], Kyprolis [carfilzomib], or Ninlaro [ixazomib])?

   If yes, **approve for 12 fills by HICL with a quantity limit of #21 capsules per 28 days.**
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT: The guideline named **POMALIDOMIDE (Pomalyst)** requires a diagnosis of multiple myeloma and prior trial with at least two therapies including Revlimid (lenalidomide) and a proteasome inhibitor (e.g., Velcade [bortezomib], Kyprolis [carfilzomib], or Ninlaro [ixazomib]).

RATIONALE
To ensure appropriate utilization of pomalidomide (Pomalyst) based on FDA approved indications.

FDA APPROVED INDICATIONS
Pomalyst (pomalidomide) is indicated for patients with multiple myeloma (MM) who have received at least two prior therapies including Revlimid (lenalidomide) and a proteasome inhibitor and have demonstrated disease progression on or within 60 days of completion of the last therapy.

DOSAGE AND ADMINISTRATION
The recommended starting dose of Pomalyst is 4mg once daily orally on days 1 to 21 of repeated 28-day cycles until disease progression. Pomalyst should be given in combination with dexamethasone. Dose reductions are recommended in patients with severe renal impairment on dialysis, hepatic impairment, concomitant use of CYP1A2 inhibitors, or if toxicities occur.

HOW SUPPLIED
Pomalyst is supplied as capsules in the following strengths: 1mg, 2mg, 3mg and 4mg.

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REFERENCES

- Pomalyst [Prescribing Information]. Summit, NJ: Celgene Corporation; December 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 03/26/18
Created: 02/13
Client Approval: 03/18
P&T Approval: 11/13