Coverage of any drug intervention discussed in a Prevea360 Health Plan prior authorization guideline is subject to the limitations and exclusions outlined in the member’s benefit certificate.

Drug Prior Authorization Guideline
THALOMID (thalidomide)

Covered Service:  Yes – when meets criteria below

Prior Authorization Required:  Yes - as shown below

Additional Information:  Must be prescribed by or in consultation with hematology, oncology, or dermatology specialist with prior authorization through Navitus.

Prevea360 Health Plan Approved Criteria:
1.0 Newly diagnosed multiple myeloma, in combination with dexamethasone, OR
2.0 Acute treatment of cutaneous manifestations of moderate to severe erythema nodosum leprosum (ENL), OR
3.0 Maintenance therapy for prevention and suppression of the cutaneous manifestations of ENL recurrence, OR
4.0 Diagnosis of NCCN category 1, 2a, or 2b (‘recommended’) for off-label uses or FDA indications

Comment(s):
1.0 Specialty Pharmacy Required
2.0 Patient and prescriber must both be enrolled in the Thalomid REMS program
3.0 If female, a negative pregnancy test
4.0 Quantity limits are to maximum daily doses based on the package insert or NCCN recommendations
5.0 Initial approval duration is one (1) year
6.0 Renewal criteria (additional one (1) year ) includes no progression of disease and no unacceptable toxicity
7.0 Diagnoses not listed under FDA approved indications or NCCN recommendations, or an NCCN recommendation grade of 3 are considered experimental/ investigational and are not approvable.
Coverage of any drug intervention discussed in a Prevea360 Health Plan prior authorization guideline is subject to the limitations and exclusions outlined in the member’s benefit certificate.

8.0 NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.

Committee/Source                                      Date(s)

Originated: Utilization Management Committee/ Medical Affairs  September 9, 2009

Revised:  Medical Director Committee/Medical Affairs/ Pharmacist  October 21, 2015
          Medical Policy Committee/Quality and Care Management/Pharmacy Services  October 31, 2016
          Medical Policy Committee/Quality and Care Management Division/Pharmacy Services  June 21, 2017

Reviewed: Utilization Management Committee/Medical Affairs/Pharmacy Practice Leader  December 28, 2011
          Medical Director Committee/Medical Affairs/Pharmacy Practice Leader  May 16, 2012
          Medical Director Committee/Medical Affairs/Pharmacist  December 18, 2013
          Medical Director Committee/Medical Affairs/Pharmacist  November 19, 2014
          Medical Director Committee/Medical Affairs/Pharmacist  October 21, 2015
          Medical Policy Committee/Quality and Care Management/Pharmacy Services  October 31, 2016
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