Thalomid (thalidomide)

**Override(s)**

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
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<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
</tr>
<tr>
<td>Quantity Limit</td>
<td></td>
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**Medications**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Thalomid (thalidomide)</td>
<td>May be subject to quantity limit</td>
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**APPROVAL CRITERIA**

Thalomid may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:

A. Multiple myeloma
   1. For primary therapy in combination with a steroid, if tolerated; **OR**
   2. For relapsed or progressive disease (NCCN 2A);

**OR**

B. Erythema nodosum leprosum (ENL)
   1. For acute treatment of moderate to severe disease; **OR**
   2. Prophylaxis therapy for prevention and suppression of the cutaneous manifestations of ENL recurrence;

**OR**

C. AIDS-Related Kaposi Sarcoma, for progressive disease in subsequent therapy (AHFS, NCCN 2A);

**OR**

D. Castleman’s Disease, for progressive or relapsed/refractory disease in subsequent therapy (NCCN 2A);

**OR**

E. Myelofibrosis
   1. For myelofibrosis-associated anemia when used as monotherapy or in combination with prednisone (NCCN 2A); **OR**

F. Erosive lichen planus (AHFS); **OR**
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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