

Generic Name: Thalidomide Therapeutic Class or Brand Name: Thalomid® Applicable Drugs (if Therapeutic Class): N/A Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 11/9/2023

## **PRIOR AUTHORIZATION CRITERIA**

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
  - A. Erythema Nodosum Leprosum (ENL)
    - 1. Patient meets disease criteria a OR b below:
      - a) Acute treatment of cutaneous manifestations of moderate to severe disease.
      - b) Prevention and suppression of cutaneous manifestations of ENL recurrence.
  - B. Multiple myeloma
    - 1. Must be used in combination with dexamethasone.
- II. Minimum age requirement: 12 years old.
- III. Treatment must be prescribed by or in consultation with an oncologist, hematologist, or dermatologist.
- IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

#### **EXCLUSION CRITERIA**

- Pregnancy.
- If for ENL not indicated as monotherapy in presence of moderate to severe neuritis.

#### OTHER CRITERIA

• N/A

#### QUANTITY / DAYS SUPPLY RESTRICTIONS

• Quantities of up to 60 capsules per 30 days (the quantity is limited to a maximum of a 30-day supply per fill).



#### **APPROVAL LENGTH**

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

### **APPENDIX**

N/A

# REFERENCES

1. https://packageinserts.bms.com/pi/pi\_thalomid.pdf.

**Disclaimer:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.