

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Pomalidomide (Pomalyst)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Formulary **pomalidomide (Pomalyst)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Any of the following clinical conditions:
 - Patient has diagnosis of multiple myeloma **-AND-** has received at least 2 prior therapies, including bortezomib and an immunomodulatory agent (e.g., thalidomide, lenalidomide) with demonstrated disease progression within 60 days of completion of the last therapy
 - Known or predicted intolerance/contraindication to an alternative immunomodulatory agent (e.g., thalidomide, lenalidomide)
 - Diagnosis of AIDS-related Kaposi sarcoma (KS) after failure of highly active antiretroviral therapy (HAART)
 - Diagnosis of Kaposi sarcoma (KS) in HIV-negative patient