

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

thalidomide (Thalomid)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **thalidomide (Thalomid)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist **AND**
- Patient has a diagnosis of multiple myeloma

-OR-

- Prescribed by Infectious Disease **AND**
Patient has a diagnosis of mycobacterial infection

-OR-

- Prescribed by Dermatology **AND**
 - a. Patient has a diagnosis of a mycobacteria infection (erythema nodosum leprosum) **-OR-**
 - b. Diagnosis of cutaneous lupus erythematosus **AND** tried and failed 4 of the following therapies:
Acitretin, chloroquine, dapsone, hydroxychloroquine, intralesional steroids, isotretinoin, methotrexate, mycophenolate, topical calcineurin inhibitors, topical steroids