	Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicab	le X	Х	NA	NA	Χ	NA	Х	Х	Х	Х	Х	NA	NA	Χ

^{*}FHK- Florida Healthy Kids

Pomalyst (pomalidomide)

Override(s)	Approval Duration						
Prior Authorization	1 year						
Quantity Limit							

Medications	Quantity Limits						
Pomalyst (pomalidomide)	May be subject to quantity limit						

APPROVAL CRITERIA

Requests for Pomalyst (pomalidomide) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed/refractory Multiple Myeloma; AND
- II. Individual is using in combination with dexamethasone; AND
- III. Individual has demonstrated disease progression on or within 60 days of completion of the last therapy; **AND**
- IV. Individual has had a trial of at least two prior therapies, including lenalidomide and protease inhibitor;

OR

V. Individual has a diagnosis of systemic light chain amyloidosis and is using in combination with dexamethasone (NCCN 2A);

OR

- VI. Individual has a diagnosis of relapsed/refractory advanced, cutaneous, oral, visceral, or nodal AIDS-Related Kaposi Sarcoma disease; **AND**
- VII. Individual has progressed on or not responded to first-line systemic therapy AND progressed on alternate first-line systemic therapy.

<u>Note</u>: Pomalyst (pomalidomide) has a black box warning noting that, as a thalidomide analogue, pomalidomide is contraindicated in pregnancy. Thalidomide is a known human teratogen causing severe life-threatening birth defects. In addition, pomalidomide may cause deep venous thrombosis (DVT) and pulmonary embolism (PE).

PAGE 1 of 2 0817/2018

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.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

^{*}FHK- Florida Healthy Kids

State Specific Mandates								
State name	Date effective	Mandate details (including specific bill if applicable)						
N/A	N/A	N/A						

Key References:

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