

## SPECIALTY GUIDELINE MANAGEMENT

### POMALYST (pomalidomide)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication

Treatment of multiple myeloma, in combination with dexamethasone, in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor and have demonstrated disease progression on or within 60 days of completion of their last therapy

B. Compendial Uses

1. Systemic light chain amyloidosis
2. AIDS-related Kaposi sarcoma

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

A. **Multiple myeloma**

Authorization of 12 months may be granted for the treatment of multiple myeloma when the member has previously received at least two prior therapies for multiple myeloma.

B. **Systemic light chain amyloidosis**

Authorization of 12 months may be granted for the treatment of systemic light chain amyloidosis.

C. **AIDS-Related Kaposi Sarcoma**

Authorization of 12 months may be granted for the treatment of AIDS-related Kaposi sarcoma.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Pomalyst [package insert]. Summit, NJ: Celgene Corporation; May 2018.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 13, 2018.
3. The NCCN Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 1.2019) © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2018.
4. The NCCN Clinical Practice Guidelines in Oncology® Systemic Light Chain Amyloidosis (Version 1.2018)

Reference number(s)
2234-A

- © 2018 National Comprehensive Cancer Network, Inc. Available at: [www.nccn.org](http://www.nccn.org). Accessed October 4, 2018.
5. The NCCN Clinical Practice Guidelines in Oncology® AIDS-Related Kaposi Sarcoma (Version 1.2018) © 2018 National Comprehensive Cancer Network, Inc. Available at: [www.nccn.org](http://www.nccn.org). Accessed October 4, 2018.