

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Multiple myeloma (MM)

**AND ALL** of the following:

1. Patient has **ONE** of the following:
  - a. Patient has received at least **ONE** prior multiple myeloma therapy
    - i. Used in combination with lenalidomide (Revlimid) and dexamethasone
  - b. Patient has received at least **TWO** prior multiple myeloma therapies including lenalidomide (Revlimid) and a proteasome inhibitor
    - i. Used in combination with pomalidomide (Pomalyst) and dexamethasone
2. Prescriber agrees to monitor liver functions periodically for signs of hepatotoxicity

## Prior - Approval Limits

**Duration** 6 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Multiple myeloma (MM)

**AND ALL** of the following:

1. Used in combination with dexamethasone and **ONE** of the following:
  - a. lenalidomide (Revlimid)



**BlueCross.  
BlueShield.**

Federal Employee Program.

**EMPLICITI  
(elotuzumab)**

- b. pomalidomide (Pomalyst)
2. Prescriber agrees to monitor liver functions periodically for signs of hepatotoxicity
3. **NO** disease progression or unacceptable toxicity

## **Prior - Approval *Renewal* Limits**

**Duration**     12 months