

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma (MM) with **ONE** of the following:
 - a. Must be used in combination with dexamethasone or another corticosteroid
 - b. Used as maintenance following autologous hematopoietic stem cell transplantation (auto-HSCT)
2. Myelodysplastic syndromes (MDS)
 - a. Low- or intermediate-1 risk
 - b. Transfusion-dependent anemia
3. Relapsed, refractory, or progressive non-Hodgkin lymphoma (NHL) with any of the following histologies:
 - a. Mantle cell lymphoma (MCL)
 - b. Follicular lymphoma
 - c. Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)
 - d. Diffuse large B-cell lymphoma
 - e. AIDS-related diffuse large B-cell lymphoma
 - f. Primary effusion lymphoma
 - g. Castleman's disease
 - h. Nongastric/Gastric mucosa associated lymphoid tissue (MALT) lymphoma
 - i. Primary cutaneous B-cell lymphoma
 - j. Marginal zone lymphoma
4. Systemic light chain amyloidosis
5. Classical Hodgkin lymphoma

AND the following:

- a. Prescriber and patient must be certified with the Lenalidomide REMS program

Prior - Approval Limits

Quantity 25 mg per day
Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma (MM)
2. Myelodysplastic syndromes (MDS)
3. Relapsed, refractory, or progressive non-Hodgkin lymphoma (NHL) with any of the following histologies:
 - a. Mantle cell lymphoma (MCL)
 - b. Follicular lymphoma
 - c. Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)
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 - i. Primary cutaneous B-cell lymphoma
 - j. Marginal zone lymphoma
4. Systemic light chain amyloidosis
5. Classical Hodgkin lymphoma

Prior - Approval *Renewal* Limits

Same as above