

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 Indications

1. 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
2. Treatment of adult patients with AIDS-related Kaposi sarcoma (KS) after failure of highly active antiretroviral therapy (HAART) or in adult patients with KS who are HIV-negative

B. Compendial Uses

1. Systemic light chain amyloidosis
2. Primary central nervous system lymphoma
3. POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome

Refer to section II, Criteria for Initial Approval, for additional approvable regimens

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. **Multiple myeloma**

Authorization of 12 months may be granted for treatment of multiple myeloma when all of the following criteria are met:

1. The member has previously received at least two prior therapies for multiple myeloma including an immunomodulatory agent and proteasome inhibitor.
2. The requested medication will be used in one of the following regimens:
 - i. In combination with daratumumab and dexamethasone
 - ii. In combination with elotuzumab and dexamethasone
 - iii. In combination with ixazomib and dexamethasone
 - iv. In combination with bortezomib and dexamethasone
 - v. In combination with carfilzomib and dexamethasone
 - vi. In combination with cyclophosphamide and dexamethasone
 - vii. In combination with isatuximab-irfc and dexamethasone
 - viii. In combination with dexamethasone
 - ix. As a single agent

B. **Systemic light chain amyloidosis**

Authorization of 12 months may be granted for treatment of relapsed or refractory systemic light chain amyloidosis in combination with dexamethasone.

Reference number(s)
2234-A

C. Kaposi Sarcoma

Authorization of 12 months may be granted for the treatment of Kaposi sarcoma when either of the following criteria are met:

1. Will be used in combination with antiretroviral therapy for the treatment of AIDS-related Kaposi sarcoma
2. Member is HIV-negative

D. Primary central nervous system lymphoma

Authorization of 12 months may be granted for treatment of primary central nervous system lymphoma as a single agent.

E. POEMS syndrome

Authorization of 12 months may be granted for treatment of POEMS syndrome in combination with dexamethasone.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Pomalyst [package insert]. Summit, NJ: Celgene Corporation; May 2020.
2. The NCCN Drugs & Biologics Compendium® © 2020 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 2, 2020.