



**GEORGIA MEDICAID FEE-FOR-SERVICE
MULTIPLE MYELOMA AGENTS PA SUMMARY**

Preferred	Non-Preferred
Farydak (panobinostat) Ninlaro (ixazomib) Pomalyst (pomalidomide) Revlimid (lenalidomide)* Thalomid (thalidomide)*	n/a

*PA not required

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Farydak

- ❖ Approvable for the diagnosis of multiple myeloma in members who have been previously treated with at least 2 prior therapies, including bortezomib (Velcade) and an immunomodulatory agent (lenalidomide [Revlimid], thalidomide [Thalomid], pomalidomide [Pomalyst])
- ❖ Farydak must be given in combination with bortezomib (Velcade) and dexamethasone or with carfilzomib [Kyprolis].

Ninlaro

- ❖ Approvable for the diagnosis of multiple myeloma in members who have been previously treated with at least 1 prior therapy
- ❖ Ninlaro must be given in combination with lenalidomide (Revlimid) and dexamethasone unless the member is unable to take lenalidomide (Revlimid) and/or dexamethasone.

Pomalyst

- ❖ Approvable for the diagnosis of multiple myeloma in members who have been previously treated with at least 2 prior therapies, including lenalidomide (Revlimid) and bortezomib (Velcade)
- ❖ Member must have experienced disease progression on or within 60 days of completion of the last therapy with lenalidomide or bortezomib.
- ❖ Pomalyst must be given in combination with dexamethasone unless the member is steroid-intolerant.
- ❖ Prescriber, pharmacy, and member must be enrolled in the Pomalyst REMS program.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.