



## POMALYST PA SUMMARY

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ 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 **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.