

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Pomalyst®

#### Products affected

- Pomalyst®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	6 months
<b>Other criteria</b>	Must have disease progression 60 days or less following prior therapies. Must have had a therapeutic trial with lenalidomide and bortezomib. Must be taken with low-dose dexamethasone unless contraindicated or not tolerated.