

Sterling Retiree Rx Prior Authorization Form

THALOMID (Thalidomide)

Coverage Criteria / Required Medical Information

Mantle Cell Lymphoma: relapsed, refractory or progressive disease in combination with rituximab.

Waldenstrom's Macroglobulinemia: third-line, palliative treatment **or** as monotherapy for primary treatment in patients with symptomatic hyperviscosity with plasmapheresis.

ENL: if moderate to severe neuritis, Thalomid not to be used as monotherapy.

Systemic Light Chain Amyloidosis: use with dexamethasone.

Myeloma: advanced, refractory disease **or** induction therapy with dexamethasone **or** induction therapy in transplant ineligible patients used in combination with melphalan and prednisone **or** maintenance therapy as monotherapy after stem cell transplant **or** in those who responded to primary induction therapy.

Patients should be informed to be observant for signs and symptoms of thromboembolism. Male and female patients of child-bearing potential should be instructed on importance of proper utilization of appropriate contraceptive methods for Thalomid use.

Exclusion Criteria

Pregnancy

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			



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Requested Drug			
THALOMID	Reason for Request		
Condition/Diagnosis Related			
Clinical Drug/Lab History Pertinent to Request			
Labs: Baseline/Ongoing		Strength/Dosage	
Formulary Alternative(s) Attempted?	Yes:		No: <input type="checkbox"/>
Please List Alternative Formulary Drugs			
Comments			

Physicians Signature: _____ Fax Form to 1-866-481-3704