**Thalidomide Analogue- Revlimid (lenalidomide)**

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| Criteria 1 | Revlimid (lenalidomide) |

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| **Criteria Title** | Thalidomide Analogue | | |
| **Criteria Subtitle** | Revlimid (lenalidomide) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | **Preferred** |  | | **Non-Preferred** |  | | **Brand** |  | | **Generic** |  | | **Other** |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| REVLIMID | 060230 | GCNSeqNo |
| REVLIMID | 060231 | GCNSeqNo |
| REVLIMID | 061113 | GCNSeqNo |
| REVLIMID | 061114 | GCNSeqNo |
| REVLIMID | 068980 | GCNSeqNo |
| REVLIMID | 071056 | GCNSeqNo |

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| --- | --- | --- | --- | --- | --- | --- |
| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 1000 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1001 |
| N | 1235 |
| 2 | 1001 |  | Select | Are the patient and prescriber enrolled in the Risk Evaluation and Mitigation Strategies (REMS) program? | Y | END (Approve x 365 days) |
| N | 1235 |
| 3 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 Days

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| --- | --- |
| **Last Approved** | 4/13/2023 |
| **Other** |  |