Generic Name: Lenalidomide

Therapeutic Class or Brand Name: Revlimid®

Applicable Drugs (if Therapeutic Class): N/A

Preferred: Lenalidomide (generic)

Non-preferred: Revlimid

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 4/24/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of one of the following conditions A through R and must meet criteria listed under applicable diagnosis:

FDA-Approved Indication(s)

A. Myelodysplastic Syndrome (MDS)

1. Documentation of transfusion-dependent anemia (defined as administration of 2 or more units of red blood cells [RBCs] in the previous 8 weeks) due to low- or intermediate-1-risk MDS associated with a deletion 5q (del 5q) cytogenetic abnormality with or without additional cytogenetic abnormalities.

B. Multiple Myeloma (MM) and criteria 1 or 2 is met:

1. Revlimid (lenalidomide) is used in combination with dexamethasone or documented intolerance or contraindication to a corticosteroid.
2. Revlimid (lenalidomide) is used as maintenance therapy following autologous hematopoietic stem cell transplantation.

C. Mantle Cell Lymphoma (MCL)

1. Documentation of disease progression, relapse, or intolerance to at least 2 other MCL therapies, one of which included Velcade (bortezomib). See Appendix for first-line therapy options for MCL.

D. Follicular Lymphoma (FL)

1. Documentation of disease progression, relapse, or intolerance to at least 1 other FL regimen. See Appendix for first-line therapy options for FL.
2. Revlimid (lenalidomide) is used in combination with a rituximab product.

E. Marginal Zone Lymphoma (MZL)

1. Documentation of disease progression, relapse, or intolerance to at least 1 other MZL therapy. See Appendix for first-line therapy options for MZL.
2. Revlimid (lenalidomide) is used in combination with a rituximab product.

Other Uses with Supportive Evidence

F. Castleman Disease

G. Histiocytic Neoplasms
    1. Langerhans Cell Histiocytosis
    2. Rosai-Dorfman Disease
H. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma
I. Primary Central Nervous System Cancers
J. Classic Follicular Lymphoma
K. Marginal Zone Lymphoma
L. Mantle Cell Lymphoma
M. Diffuse Large B-Cell Lymphoma
N. Classic Hodgkin Lymphoma
O. Systemic Light Chain Amyloidosis
P. Multiple Myeloma
Q. T-Cell Lymphomas
R. Kaposi Sarcoma

II. Minimum age requirement: 18 years old.

III. Treatment must be prescribed by or in consultation with an oncologist or a hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Pregnancy

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 30 capsules (any combination of 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, or 25 mg) per 30 days.
- Multiple Myeloma in combination with dexamethasone
    - 25 mg orally once daily on Days 1 to 21 of repeated 28-day cycles

- Multiple Myeloma maintenance therapy following auto-HSCT
    - 10 mg orally once a day continuously (Days 1 to 28 of repeated 28-day cycles) for 3 cycles, then increase to 15 mg once a day if tolerated
- Myelodysplastic Disease
    - 10 mg orally once a day
- Follicular Lymphoma or Marginal Zone Lymphoma
    - 20 mg orally once a day on Days 1 through 21 of repeated 28-day cycles for up to 12 cycles in combination with rituximab
- Mantle Cell Lymphoma
    - 25 mg orally once a day on Days 1 to 21 of repeated 28-day cycles

APPROVAL LENGTH

- **Authorization:**
    - Myelodysplastic Syndrome (MDS): 3 months.
    - Multiple Myeloma (MM), Mantle Cell Lymphoma (MCL), Follicular Lymphoma (FL), or Marginal Zone Lymphoma (MZL): 1 year.
- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease (for MDS, medication must be shown to be effective in significantly decreasing the number of red blood cell transfusions required).

APPENDIX

Preferred first-line therapy options for Mantle Cell Lymphoma:

- LyMA regimen: RDHA (rituximab, dexamethasone, cytarabine) + platinum (carboplatin, cisplatin, or oxaliplatin) x 4 cycles followed by RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)
- NORDIC regimen: Dose-intensified induction immunochemotherapy with rituximab + cyclophosphamide, vincristine, doxorubicin, prednisone (maxi-CHOP) alternating with rituximab + high-dose cytarabine
- Rituximab, bendamustine followed by rituximab, high dose cytarabine
- TRIANGLE regimen: Alternating RCHOP + covalent BTKi/RDHA (rituximab, dexamethasone, cytarabine) + platinum (carboplatin, cisplatin, or oxaliplatin) (category 2A for ibrutinib)
- Bendamustine + rituximab
- VR-CAP: (bortezomib, rituximab, cyclophosphamide, doxorubicin, and prednisone)
- RCHOP: (cyclophosphamide, doxorubicin, vincristine, prednisone + rituximab)
- Lenalidomide (continuous) + rituximab
- Zanubrutinib, obinutuzumab, venetoclax

Preferred first-line therapy options for Follicular Lymphoma:

- Bendamustine + obinutuzumab or rituximab
- CHOP: (cyclophosphamide, doxorubicin, vincristine, prednisone) + obinutuzumab or rituximab

CVP: (cyclophosphamide, vincristine, prednisone) + obinutuzumab or rituximab

- Rituximab (375 mg/m^2 weekly for 4 doses)

Preferred first-line therapy options for Marginal Zone Lymphoma:

- Bendamustine + rituximab
- CHOP: (cyclophosphamide, doxorubicin, vincristine, prednisone) + rituximab
- CVP: (cyclophosphamide, vincristine, prednisone) + rituximab

For splenic marginal lymphoma (SMZL) or older or infirm

- Rituximab (375 mg/m^2 weekly for 4 doses)

REFERENCES

1. Revlimid. Prescribing information. Celgene Corporation. 2023. Accessed April 15, 2025. https://packageinserts.bms.com/pi/pi_revlimid.pdf.
2. NCCN Clinical Practice Guidelines in Oncology. Myelodysplastic Syndromes V.2.2025. Updated January 17, 2025. Accessed April 15, 2025. http://www.nccn.org/professionals/physician_gls/PDF/mds.pdf.
3. NCCN Clinical Practice Guidelines in Oncology. Multiple Myeloma V.2.2025. Updated April 11, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/PDF/myeloma.pdf.
4. NCCN Clinical Practice Guidelines in Oncology. B-Cell Lymphomas V.2.2025. Updated February 20, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf.
5. NCCN Clinical Practice Guidelines in Oncology. Castleman Disease V.2.2025. Updated January 28, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/castleman.pdf
6. NCCN Clinical Practice Guidelines in Oncology. Histiocytic Neoplasms V.3.2024. Updated January 7, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/histiocytic_neoplasms.pdf
7. NCCN Clinical Practice Guidelines in Oncology. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma V.3.2025. Updated April 2, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/cll.pdf
8. NCCN Clinical Practice Guidelines in Oncology. Central Nervous System Cancers V.5.2024. Updated March 18, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf

9. NCCN Clinical Practice Guidelines in Oncology. Hodgkins Lymphoma V.2.2025. Updated January 30, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf
10. NCCN Clinical Practice Guidelines in Oncology. Systemic Light Chain Amyloidosis V.2.2025. Updated March 12, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/amyloidosis.pdf
11. NCCN Clinical Practice Guidelines in Oncology. T-Cell Lymphomas V.1.2025. Updated November 11, 2024. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf
12. NCCN Clinical Practice Guidelines in Oncology. Kaposi Sarcoma V.2.2025. Updated January 14, 2025. Accessed April 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/kaposi.pdf