CLINICAL GUIDELINES FOR MEDICAL NECESSITY

MEDICAL POLICY

Lenalidomide (Revlimid®)

Version: 1.0

EFFECTIVE DATE: 7/1/2024

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Lenalidomide (Revlimid®)

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at http://www.cms.gov for additional information.

Note: For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Lenalidomide (Revlimid): Discussion

Lenalidomide is an immunomodulatory drug that was developed by modification of the first-generation immunomodulatory drug thalidomide in a drug discovery program. Lenalidomide more potently regulates cellular immune and cytokine responses, while lacking the side-effect profile of thalidomide. The clinical results demonstrated significant efficacy with a tolerable toxicity profile, providing a strong basis for the use of lenalidomide in other malignancies.[1]

Lenalidomide is approved by the Food and Drug Administration (FDA) for multiple myeloma, myelodysplastic syndromes, mantle cell lymphoma, follicular lymphoma, marginal zone lymphoma.[2]

The HOVON 76 trial indicates that lenalidomide maintenance may not be a feasible option after mini-allogeneic (non-myoablative) hematopoietic cell transplantation (HCT) because of graft-versus-host disease (GVHD). Another recently reported study has shown that maintenance therapy with lower dose lenalidomide after allogeneic HCT in patients with high-risk multiple myeloma may be feasible, although acute GVHD remains a concern.[3]

MDS with del(5q), one of three MDS-related (decisive) diagnostic criteria, has a good prognosis and is highly responsive to lenalidomide therapy. Lenalidomide in patients with anemic RBC-TD MDS with del(5q), with or without additional cytogenetic abnormalities demonstrated that the hematologic response to lenalidomide was rapid (median time to response, 4.6 weeks; range, 1–49 weeks) and sustained.[4]

Lenalidomide-based regimens have clinical activity in relapsed/refractory mantle cell lymphoma after prior therapy. Fatigue, cough, dizziness, dyspnea, nausea, neutropenia, thrombocytopenia, and peripheral edema were the most common adverse events associated with lenalidomide-based regimens. Lenalidomide with rituximab is included as an option for second line and subsequent therapy for patients with marginal zone lymphoma. Combination therapy of lenalidomide and rituximab has preference over monotherapy for previously treated follicular lymphoma.[5]

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The National Comprehensive Cancer Network (NCCN) endorses lenalidomide in the following cancer types: multiple myeloma, myelodysplastic syndromes, MDS/MPN overlap neoplasms, classic follicular lymphoma, extranodal marginal zone lymphoma of the stomach, extranodal marginal zone lymphoma of non-gastric sites (non-cutaneous), nodal marginal zone lymphoma, splenic marginal zone lymphoma, mantle cell lymphoma, diffuse large b-cell lymphoma, transformation of indolent lymphomas to diffuse large b-cell lymphoma, high-grade b-cell lymphomas, HIV-related b-cell lymphomas, post-transplant lymphoproliferative disorders, peripheral t-cell lymphomas, adult t-cell leukemia/lymphoma, hepatosplenic t-cell lymphoma, primary CNS lymphoma, Castleman disease , classic Hodgkin lymphoma, chronic lymphocytic leukemia/small lymphocytic lymphoma, Rosai-Dorfman disease, myelofibrosis, Langerhans cell histiocytosis, systemic light chain amyloidosis, Kaposi sarcoma.[3,4,5,6,7,8,9,10,11,12,13,14]

Lenalidomide is not indicated and is not recommended for the treatment of patients with chronic lymphocytic leukemia.

Lenalidomide when given with dexamethasone can significantly increase the risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), as well as risk of myocardial infarction and stroke in patients with multiple myeloma. Anti-thrombotic prophylaxis is recommended.[2]

Lenalidomide: Definitions

- **Food and Drug Administration (FDA) -** The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.
- **Hematopoietic Cell Transplantation (HCT) -** The infusion of hematopoietic cells after preparation with cytotoxic conditioning regimens to eradicate disease and establish adequate hematopoietic and immune function. HCT is potentially curative for patients with certain types of hematologic malignancies and is also used to support patients undergoing high-dose chemotherapy for the treatment of certain solid tumors.
- **National Comprehensive Cancer Network (NCCN) -** An alliance of more than 30 leading cancer centers devoted to patient care, research, and education. The NCCN guidelines are utilized for Radiation Therapy and Medical Oncology standards. NCCN consensus clinical standards are periodically updated and NantHealth, Inc. reviews these and updates its policies within a timely manner.

Lenalidomide: Policy

Note: Coverage of lenalidomide will be provided for an FDA-approved indication or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1, 2A, or 2B recommendation or when all criteria are met.

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Lenalidomide will be considered for coverage when the following criteria are met:

Kaposi Sarcoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Subsequent therapy, given alone (no HIV) or with antiretroviral therapy for people with HIV, for relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease that has progressed on or not responded to first-line systemic therapy, and progressed on alternative first-line systemic therapy.[14]

Systemic Light Chain Amyloidosis

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Newly diagnosed or relapsed/refractory disease as a continuation of the initial treatment if relapse-free for several years in combination with dexamethasone for all stages for patients with significant neuropathy; OR
4. Treatment for relapsed/refractory disease in combination with one of the following:
   a) Dexamethasone
   b) Dexamethasone and cyclophosphamide
   c) Dexamethasone and ixazomib.[13]

Langerhans Cell Histiocytosis

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. First-line or subsequent therapy as a single agent for one of the following:
   a) Single system multifocal skin disease (including mucosa)
   b) Relapsed/refractory disease.

Rosai-Dorfman Disease

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

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For **NCCN** required criteria coverage:

3. First-line or subsequent therapy, irrespective of mutation, as a single agent for one of the following:
   a) Symptomatic unresectable (bulky/site of disease) unifocal disease
   b) Symptomatic multifocal disease
   c) Relapsed/refractory disease.[12]

Myelofibrosis

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Combination with prednisone taper for management of myelofibrosis-associated anemia with presence of del(5q) and if there is no symptomatic splenomegaly and/or constitutional symptoms.[11]

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Subsequent therapy as a single agent or in combination with rituximab for relapsed or refractory disease after prior therapy with Bruton Tyrosine Kinase inhibitor- and venetoclax-based regimens in patients with CLL/SLL with or without del(17p)/TP53 mutation.[10]

Multiple Myeloma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. In combination with dexamethasone; OR
4. Maintenance therapy following autologous hematopoietic stem cell transplantation[2]; OR

For **NCCN** required criteria coverage:

5. Primary treatment for high risk smoldering myeloma (asymptomatic); OR

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6. Primary therapy for symptomatic multiple myeloma as part of VRd-lite (bortezomib, lenalidomide, and dexamethasone) regimen for non-transplant candidates; OR
7. Primary therapy for symptomatic multiple myeloma for transplant candidates in combination with one of the following:
   a) Daratumumab, bortezomib, and dexamethasone
   b) Daratumumab, carfilzomib, and dexamethasone (ixazomib may be substituted for carfilzomib in selected patients)
   c) Isatuximab-irfc, bortezomib, and dexamethasone; OR
8. Primary therapy for active (symptomatic) multiple myeloma or for disease relapse after 6 months following primary induction therapy with the same regimen in combination with one of the following:
   a) Dexamethasone and bortezomib
   b) Dexamethasone continuously until progression for non-transplant candidates
   c) Daratumumab and dexamethasone for non-transplant candidates
   d) Dexamethasone and carfilzomib; OR
9. Dexamethasone and cyclophosphamide in non-transplant candidates; OR
10. Relapsed/refractory disease after 3 prior therapies in combination with bendamustine and dexamethasone; OR
11. In combination with dexamethasone for the management of POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome with one of the following:
    a) Induction therapy for transplant eligible patients
    b) Transplant ineligible patients.[3]

Classic Hodgkin Lymphoma

1. 18-60 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Refractory to at least 3 prior lines of therapy as a single agent.[9]

Castleman Disease

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Subsequent therapy with or without rituximab for multicentric CD that has progressed following treatment of relapsed/refractory or progressive disease.[8]

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Myelodysplastic Syndromes

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Single agent for lower risk (IPSS low/intermediate-1) disease associated with symptomatic anemia with del(5q), with or without one other cytogenetic abnormality (except those involving chromosome 7); OR
4. For lower risk disease associated with symptomatic anemia with no del(5q), with or without other cytogenetic abnormalities with ring sideroblasts <15% (or ring sideroblasts <5% with an SF3B1 mutation), with serum erythropoietin >500 mU/mL, and a poor probability to respond to immunosuppressive therapy; OR
5. For lower risk (defined as IPSS-R: very low, low, intermediate) disease associated with symptomatic anemia with no del(5q), with or without other cytogenetic abnormalities with ring sideroblasts <15% (or ring sideroblasts <5% with an SF3B1 mutation), with serum erythropoietin ≤500 mU/mL, in combination with an erythropoiesis-stimulating agent (ESA) following no response (despite adequate iron stores) to either an ESA alone or luspatercept-aamt; OR
6. For SF3B1 mutation and thrombocytosis (MDS/MPN with ring sideroblasts and thrombocytosis MDS/MPN RS-T can be used with wild-type SF3B1 mutation and ≥15% ring sideroblasts) as a single agent or in combination with a hypomethylating agent.[4]

Peripheral T-Cell Lymphomas

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Initial palliative intent therapy or second-line and subsequent therapy as a single agent for one of the following:
   a) Relapsed/refractory peripheral T-cell lymphoma not otherwise specified (PTCL-NOS),
   b) Enteropathy-associated T-cell lymphoma (EATL)
   c) Monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL)
   d) Angioimmunoblastic T-cell lymphoma (AITL)
   e) Nodal peripheral T-cell lymphoma with TFH phenotype (PTCL, TFH)
   f) Follicular T-cell lymphoma (FTCL).

Adult T-Cell Leukemia/Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

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For **NCCN** required criteria coverage:

3. Second-line or subsequent therapy as a single agent for non-responders to first-line therapy for chronic high risk, acute, or lymphoma subtypes.

Hepatosplenic T-Cell Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Single agent for refractory disease after 2 first-line therapy regimens.[7]

Primary CNS Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Induction therapy as a single agent or in combination with rituximab if patient is unsuitable for or intolerant to high-dose methotrexate; OR
4. Single agent or in combination with rituximab for relapsed or refractory disease for one of the following:
   a) Prior whole brain radiation therapy
   b) Prior high-dose methotrexate-based regimen without prior radiation therapy (RT)
   c) In combination with whole brain RT or involved field RT in patients who received a prior high-dose methotrexate-based regimen without prior RT after no response or short response duration (<12 months) to prior regimen
   d) Prior high-dose systemic therapy with stem cell rescue.[6]

Classical Follicular Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. In combination with a rituximab product for previously treated follicular lymphoma.[2]

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For **NCCN** required criteria coverage:

4. In combination with rituximab (for high tumor burden) or obinutuzumab as first-line therapy for stage I, contiguous stage II, non-contiguous stage II disease, or for patients with indications for treatment with stage III or IV disease; OR
5. In combination with rituximab or obinutuzumab, or as a single agent (if not a candidate for anti-CD20 monoclonal antibody therapy) as second-line and subsequent therapy (if not previously given) for no response, relapsed, or progressive in patients with indications for treatment.

Extranodal Marginal Zone Lymphoma of the Stomach

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. In combination with a rituximab product, is indicated for the treatment of adult patients with previously treated marginal zone lymphoma.[2]

For **NCCN** required criteria coverage:

4. Used in combination with rituximab for patients with indications for treatment as first-line therapy for stage II2, or IIE, or stage IV disease; OR
5. Used in combination with rituximab for patients with indications for treatment and stage I1, or I2, or stage II1 disease as one of the following:
   a) Additional therapy if H. Pylori positive and repeat endoscopy shows no response or recurrence after antibiotic therapy and involved site radiation therapy (ISRT)
   b) Additional therapy after ISRT or rituximab alone if lymphoma positive after restaging with endoscopy
   c) Additional therapy for recurrence if lymphoma positive after previous antibiotic therapy and locoregional ISRT; OR
6. In combination with rituximab in patients with indications for treatment, including for older or infirm patients when tolerability of combination chemoimmunotherapy is a concern, as second-line and subsequent therapy for relapsed, refractory, or progressive disease; OR
7. Second-line and subsequent therapy in combination with obinutuzumab for relapsed, refractory, or progressive disease in patients with indications for treatment.

Extranodal Marginal Zone Lymphoma of Non gastric Sites (Non cutaneous)

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

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For **FDA** required criteria coverage:

3. In combination with a rituximab product for previously treated marginal zone lymphoma.[2]

For **NCCN** required criteria coverage:

4. First-line therapy in combination with rituximab for stage IV disease or recurrent stage IE or contiguous stage IIE; OR
5. In combination with rituximab when tolerability of combination chemoimmunotherapy is a concern, as second-line and subsequent therapy for relapsed, refractory, or progressive disease; OR
6. Second-line and subsequent therapy in combination with obinutuzumab for relapsed, refractory, or progressive.

Nodal Marginal Zone Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. In combination with a rituximab for previously treated marginal zone lymphoma.[2]

For **NCCN** required criteria coverage:

4. First-line therapy in combination with rituximab for stage I, contiguous stage II, non-contiguous stage II, or III, IV disease; OR
5. In combination with rituximab when tolerability of combination chemoimmunotherapy is a concern, as second-line and subsequent therapy for relapsed, refractory, or progressive disease; OR
6. Second-line and subsequent therapy in combination with obinutuzumab for relapsed, refractory, or progressive disease.

Splenic Marginal Zone Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. In combination with a rituximab for previously treated marginal zone lymphoma.[2]

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For **NCCN** required criteria coverage:

4. In combination with rituximab as second-line (if previously treated with rituximab) and subsequent therapy for disease recurrence when tolerability of combination chemoimmunotherapy is a concern; OR
5. Second-line therapy in combination with obinutuzumab following initial management of splenomegaly (if previously treated with rituximab) and subsequent.

Mantle Cell Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **FDA** required criteria coverage:

3. Relapsed or progressed after two prior therapies, one of which included bortezomib.[2]

For **NCCN** required criteria coverage:

4. Less aggressive induction therapy in combination with rituximab for one of the following:
   a) Initial therapy for stage I-II disease
   b) Additional therapy for stage I-II disease and partial response, progression, or relapse after initial treatment with involved site radiation therapy alone
   c) Re-induction therapy for stage I-II disease, for relapse after initial treatment with chemoimmunotherapy if not suitable for aggressive therapy
   d) Classical or indolent TP53 wildtype stage II bulky noncontiguous or stage III, IV disease if not suitable for aggressive induction therapy
   e) In combination with rituximab as less aggressive induction therapy for classical or indolent TP53 mutated stage II bulky or noncontiguous or stage III, IV disease; OR
5. Second-line and subsequent therapy in combination with rituximab for one of the following:
   a) Stage I-II disease with partial response, relapse, or progression after prior treatment with chemoimmunotherapy,
   b) Classical or indolent TP53 wildtype stage II bulky noncontiguous or stage III, IV disease in patients who have no response or progressive disease or partial response with substantial disease after induction therapy,
   c) Relapsed or refractory disease (if not previously given).

Diffuse Large B-Cell Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

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For **NCCN** required criteria coverage:

3. Second-line and subsequent therapy with or without rituximab if no intention to proceed to transplant with non-germinal center diffuse large B-cell lymphoma for one of the following:
   a) Relapsed disease >12 months after completion of first-line therapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
   c) Systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy; OR
4. Second-line and subsequent therapy if no intention to proceed to transplant in combination with tafasitamab-cxix for one of the following:
   a) Relapsed disease >12 months after completion of first-line therapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
   c) Alternative systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy.

Transformation of Indolent Lymphomas to Diffuse Large B-Cell Lymphoma

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. In combination with tafasitamab-cxix, if previously treated with an anthracycline-based regimen and no intention to proceed to transplant, for one of the following:
   a) Additional therapy for partial response, no response, progressive, or relapsed disease following chemoimmunotherapy for histologic transformation of follicular or marginal zone lymphoma after minimal or no prior therapy
   b) For histologic transformation of follicular or marginal zone lymphoma after multiple lines of prior therapies including ≥2 chemoimmunotherapy regimens for indolent or transformed disease.[5]

High-Grade B-Cell Lymphomas

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Second-line and subsequent therapy in combination with tafasitamab-cxix if no intention to proceed to transplant for one of the following:
   a) Relapsed disease >12 months after completion of first-line therapy

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b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
c) Alternative systemic therapy if not previously used for relapsed/refractory disease in non-candidates for CAR T-cell therapy; OR

4. Second-line and subsequent therapy with or without rituximab if no intention to proceed to transplant with non-germinal center diffuse large B-cell lymphoma for
   a) Relapsed disease >12 months after completion of first-line therapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
   c) Alternative systemic therapy if not previously used for relapsed/refractory disease in non-candidates for CAR T-cell therapy.

HIV-Related B-Cell Lymphomas

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

For **NCCN** required criteria coverage:

3. Second-line and subsequent therapy in combination with tafasitamab-cxix for HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, and HHV8+ diffuse large B-cell lymphoma, not otherwise specified, or for HIV-related plasmablastic lymphoma if no intention to procced to transplant for one of the following:
   a) Relapsed disease >12 months after completion of first-line therapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
   c) Alternative systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy.
4. Second-line and subsequent therapy with or without rituximab for relapse of HIV-related non-germinal center diffuse large B-cell lymphoma if no intention to proceed to transplant for one of the following:
   a) Relapsed disease >12 months after completion of first-line therapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy
   c) Systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy.

Post-Transplant Lymphoproliferative Disorders

1. At least 18 years of age; AND
2. Prescribed by or in consultation with an oncologist; AND

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For **NCCN** required criteria coverage:

3. Second-line and subsequent therapy in combination with tafasitamab-cxix for monomorphic PTLD (B-cell type) if no intention to proceed to transplant for one of the following:
   a) Relapsed disease >12 months after completion of initial treatment with chemoimmunotherapy
   b) Primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of initial treatment with chemoimmunotherapy in non-candidates for CAR T-cell therapy
   c) Systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy.[5]

Authorization Period and Renewal Criteria

1. Initial Authorization Period: 12 months
2. Renewal Criteria: No evidence of disease progression or unacceptable toxicity
3. Renewal Authorization Period: 12 months

Lenalidomide: References

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14. National Comprehensive Cancer Network. Kaposi Sarcoma. https://www.nccn.org/professionals/physician_gls/pdf/kaposi.pdf. Accessed June 24, 2024.

Lenalidomide: Coding (CPT®, ICD 10 and HCPCS) *

*Procedure codes appearing in medical policy documents are only included as a general reference. This list may not be all-inclusive and is subject to updates. In addition, the codes listed are not a guarantee of payment. CPT codes are available through the AMA.

CODE	DESCRIPTION
B20/C83.30-C83.39/C83.80-C83.89/C85.80-C85.89	HIV-related B-cell lymphomas
C83.00	Nodal marginal zone lymphoma
C83.07/C85.87	Splenic marginal zone lymphoma
C83.1	Mantle cell lymphoma
C83.30	Diffuse large B-cell lymphoma
C83.30-C83.39, C85.10-C85.19	High-grade B-cell lymphomas
C83.30-C83.39, C85.20-C85.29	Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma
C88.4	Extranodal marginal zone B-cell lymphoma
C90	Multiple myeloma and malignant plasma cell neoplasms

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D46	Myelodysplastic syndromes
D47.Z1	Post-transplant lymphoproliferative disorders
J8999/C8999	Lenalidomide

Lenalidomide: Revision and Review History

No.	Description	Date(s)
1	Original Effective Date:	7/1/2024
2	Policy Review Dates:	
3	Policy Revision Dates:	
4	Department Owner:	
5	NH Advisory Committee Approval Dates:	8/30/2024
6	Revision Changes:	

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