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Thalidomide Non-Oncology Uses

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Overview

This policy supports medical necessity review for thalidomide (Thalomid®).

The use of thalidomide (Thalomid) for oncology indications is addressed in a separate coverage policy. Please refer to the related coverage policy link above (Oncology Medications).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Thalidomide (Thalomid) is considered medically necessary when ONE of the following is met (1, 2, 3 or 4):

- 1. Erythema Nodosum Leprosum with Cutaneous Manifestations.

2. **Discoid Lupus Erythematosus or Cutaneous Lupus Erythematosus.** Individual meets the following criteria:
 - A. Documented inadequate response, contraindication, or intolerance to **TWO** of the following:
 - i. azathioprine
 - ii. antimalarial agents (for example, hydroxychloroquine)
 - iii. corticosteroids (topical, intralesional, systemic)
 - iv. cyclosporine
 - v. dapsone
 - vi. methotrexate
 - vii. mycophenolate mofetil
 - viii. systemic retinoids
 - ix. topical calcineurin inhibitors (for example, Elidel [pimecrolimus cream], Protopic [tacrolimus ointment])
3. **Prurigo Nodularis.** Individual meets the following criteria:
 - A. Documented inadequate response, contraindication, or intolerance to **TWO** of the following:
 - i. prescription antihistamines (for example, hydroxyzine)
 - ii. azathioprine
 - iii. capsaicin
 - iv. corticosteroids (topical, intralesional, systemic)
 - v. cyclosporine
 - vi. dapsone
 - vii. methotrexate
 - viii. phototherapy
 - ix. systemic retinoids
 - x. topical calcineurin inhibitors (for example, Elidel [pimecrolimus cream], Protopic [tacrolimus ointment])
 - xi. topical vitamin D analogs
4. **Recurrent Aphthous Ulcers or Aphthous Stomatitis.** Individual meets the following criteria:
 - A. Documented inadequate response, contraindication, or intolerance to **TWO** of the following:
 - i. azathioprine
 - ii. colchicine
 - iii. systemic corticosteroids
 - iv. dapsone
 - v. pentoxifylline

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Thalidomide (Thalomid) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **Cancer Cachexia.** Several small studies are available that have investigated Thalomid in the management of cancer cachexia related to various cancers.³³⁻³⁷ A single center double-blind, controlled trial randomized patients with pancreatic cancer who had lost at least 10% of their body weight to receive Thalomid or placebo for 24 weeks (n = 50).³⁴ Of the 33 patients evaluable at 4 weeks, patients given Thalomid had gained an average of 0.37 kg compared with a loss of 2.21 kg in the patients given placebo.³⁴ A published review of data regarding use of Thalomid for the management of cancer cachexia concluded that there is inadequate evidence to recommend Thalomid in clinical practice.³⁷
2. **Crohn's Disease** Several publications report use of Thalomid in patients with Crohn's disease.³⁸⁻⁵⁴ Thalomid was used as an adjunctive therapy, or in those refractory to other therapy, and usually involved children. The data were not of high quality and primarily consisted of open-label designs or retrospective reviews, without a placebo control, and involved very few patients.³⁸⁻⁵⁴ Guidelines from the American College of Gastroenterology (2018) for the management of Crohn's disease in adults do not mention Thalomid as a therapeutic alternative.⁴⁹ Also, guidelines from the American Gastroenterological Association (2021) do not mention Thalomid in the guidelines for the medical management of moderate to severe luminal and perianal fistulizing Crohn's Disease.⁵⁵ Although some improvements were noted in published data with Thalomid, more definite data from randomized, controlled trials are required before this is a recommended therapy.⁴⁹ Consensus guidelines of the European Crohn's and Colitis Organization and the European society of Pediatric Gastroenterology, Hepatology and Nutrition (2014) state that even though some data are available that suggest efficacy of Thalomid in refractory pediatric Crohn's disease, there are insufficient data to recommend Thalomid therapy at this juncture.⁵⁴ Many other therapies are available for the management of Crohn's disease.

Background

OVERVIEW

Thalomid, an immunomodulatory agent, is indicated for the following uses:¹

- **Erythema nodosum leprosum (ENL)**, acute treatment of cutaneous manifestations in moderate to severe disease. Thalomid is not indicated as monotherapy for such ENL treatment in the presence of moderate to severe neuritis.
- **ENL**, maintenance therapy for prevention and suppression of the cutaneous manifestations of ENL recurrence.
- **Multiple myeloma**, newly diagnosed, in combination with dexamethasone.

Other Uses with Supportive Evidence

Discoid Lupus Erythematosus or Cutaneous Lupus Erythematosus

Thalomid has been used for discoid lupus erythematosus and cutaneous lupus erythematosus. Patients usually had refractory disease after trial of other therapies and good responses were achieved for many patients given Thalomid.²⁻¹² A retrospective medical review was done that involved 29 patients with refractory cutaneous manifestations of cutaneous lupus erythematosus who received Thalomid. Of the 23 patients who took Thalomid for 1 month, 74% of patients (n = 17/23) had complete resolution of the cutaneous manifestations and 13% of patients (n = 3/23) had a 75% or greater partial improvement.³ Another report involving patients with discoid lupus (n = 18), subacute cutaneous lupus (n = 6), and systemic lupus erythematosus with skin involvement (n = 24) who had been resistant to at least two other treatments found a response rate of 81% (n = 39/48) with use of Thalomid with 60% of patients (n = 29/48) achieving a complete cutaneous remission.⁴ Other therapies used for these conditions include antimalarial agents (e.g. hydroxychloroquine), corticosteroids (oral, topical, intralesional), methotrexate, azathioprine, cyclosporine, dapsone, mycophenolate mofetil, topical calcineurin inhibitors (e.g., Elidel® [pimecrolimus 1% cream], Protopic® [tacrolimus 0.03% and 0.1% ointment]), and Soriatane® (acitretin capsules).^{2,7,12}

Prurigo Nodularis

Thalomid has been studied in patients with prurigo nodularis, most of whom were refractory to other treatments or with adverse events from the other therapies.^{2,13-15} A retrospective review assessed the medical records of 42 patients with prurigo nodularis who were refractory to other therapy and who received Thalomid.¹³ Patients

received Thalomid for an average of 105 weeks. Previous therapies tried included topical steroids, intralesional steroids, systemic steroids, topical tar, cyclosporine, azathioprine, methotrexate, calcineurin inhibitors, antihistamines, dapsone, capsaicin, laser therapy, psoralen plus ultraviolet A therapy, ultraviolet B therapy, retinoids, hydroxyzine, and macrolides. With Thalomid, improvement was noted in approximately one-third of patients.

Aphthous Ulcers or Aphthous Stomatitis

Recurrent aphthous ulcers and recurrent aphthous stomatitis are associated with frequent and recurring symptoms that are painful and can lead to difficulty in speaking, eating, and swallowing.¹⁶⁻²⁷ Ulcers are larger and may persist for weeks to months. The conditions are noted in certain disease states such as in patients who are human immunodeficiency virus (HIV)-positive and Bechet's disease. In general, few adequately powered trials have assessed the efficacy of therapeutic agents for aphthous ulcers or aphthous stomatitis. Although the data are older and limited, Thalomid has led to rapid resolution of symptoms in patients with recurrent aphthous ulcers or aphthous stomatitis.¹⁶⁻²⁷ A double-blind, randomized, placebo-controlled study assessed Thalomid as a therapy for oral aphthous ulcers in patients infected with HIV. In total, 55% of patients (n = 16/29) given Thalomid had complete healing of their aphthous ulcers after 4 weeks compared with only 7% of patients (n = 2/28) who received placebo. Patients given Thalomid had symptom improvements in regards to discomfort that occurred while eating.²¹ A retrospective cohort study involving patients with recurrent aphthous stomatitis found that Thalomid was rapidly effective as 85% of patients (n = 78/92) achieved a complete remission of the condition within 14 days.²⁵ Many other agents have been used for recurrent aphthous ulcers or stomatitis including topical or intralesional corticosteroids, systemic corticosteroids, topical anesthetics/analgesics (lidocaine 2% viscous solution, benzocaine lozenges), antimicrobial mouth washes (tetracycline, chlorhexidine), topical sucralfate, acyclovir, pentoxifylline, dapsone, colchicine, and azathioprine.¹⁶⁻²⁷ Due to toxicities, use of Thalomid is generally reserved for patients who have not obtained satisfactory results with other agents.^{26,27}

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