



## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Multiple myeloma (MM)

**AND ONE** of the following:

1. Newly diagnosed multiple myeloma (MM) **AND ONE** of the following:
  - a. Patient is ineligible for autologous stem cell transplant
    - i. Used in combination with **ONE** of the following:
      - 1) Bortezomib, melphalan, and prednisone
      - 2) Lenalidomide and dexamethasone
  - b. Patient is eligible for autologous stem cell transplant
    - i. Used in combination with bortezomib, thalidomide, and dexamethasone
2. Used in combination with carfilzomib and dexamethasone
  - a. Patient has received one to three prior lines of therapy
3. Used in combination with lenalidomide and dexamethasone
  - a. Patient has relapsed or refractory multiple myeloma **AND** patient has received at least one prior therapy
4. Used in combination with bortezomib and dexamethasone
  - a. Patient has received at least one prior therapy
5. Used in combination with pomalidomide and dexamethasone
  - a. Patient has received at least two prior therapies that include a proteasome inhibitor (PI) and lenalidomide
6. Used as monotherapy **AND ONE** of the following:
  - a. Patient has received at least three prior lines of therapy including a proteasome inhibitor (PI) and immunomodulatory agent



- b. Patient has had a double-refractory failure to a proteasome inhibitor (PI) and an immunomodulatory agent

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Multiple myeloma (MM)

**AND** the following:

1. **NO** disease progression or unacceptable toxicity

## **Prior - Approval *Renewal* Limits**

Same as above