



HEMADY
(dexamethasone tablets)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Multiple myeloma (MM)
 - a. Used in combination with another anti-myeloma therapy
 - b. Patient has **ONE** of the following:
 - i. An intolerance to a different dexamethasone tablet
 - ii. Treatment failure after a trial of a different dexamethasone tablet
 - b. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hemady and for 1 month after the final dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Multiple myeloma (MM)
 - a. Used in combination with another anti-myeloma therapy
 - b. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Hemady and for 1 month after the last dose

Prior - Approval *Renewal* Limits

Same as above