



Federal Employee Program.

NINLARO (ixazomib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Multiple myeloma (MM)
 - a. Used in combination with dexamethasone

AND ALL of the following:

- a. Patient had at least one prior multiple myeloma therapy
- b. **NO** dual therapy with another proteasome inhibitor

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Multiple myeloma (MM)
 - a. Used in combination with dexamethasone

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. **NO** dual therapy with another proteasome inhibitor

Prior - Approval *Renewal* Limits

Same as above