

This policy applies to the following:

Standard Control (SF)	Value (VF)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B
Preferred Drug Plan Design (PDPD)	Managed Medicaid Template (MMT)	SF Chart (SFC)		Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
Advanced Control Specialty (ACSF)	Marketplace (MF)	VF Chart (VFC)		Medical Benefit: Add-on	Medicare Part B: Add-on
Balanced (BF)	New to Market (NTM)	IVL		Medical Benefit: Managed Medicaid	Aetna Health Exchange (AHE)

Reference #
4289-D

## EXCEPTIONS CRITERIA

### MULTIPLE MYELOMA

#### PREFERRED PRODUCTS: NINLARO, VELCADE

#### POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

#### I. PLAN DESIGN SUMMARY

This program applies to the Multiple myeloma products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Multiple Myeloma Therapies

	Product(s)
Preferred*	<ul style="list-style-type: none"> <li>Ninlaro (ixazomib)</li> <li>Velcade (bortezomib)</li> </ul>
Targeted	<ul style="list-style-type: none"> <li>Kyprolis (carfilzomib)</li> </ul>

\*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

#### II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when either of the following criteria are met:

- Member is currently receiving treatment with a targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with both of the preferred products.

#### REFERENCES

- Ninlaro [package insert]. Cambridge, MA: Takeda Pharmaceutical Company Limited; March 2021.
- Velcade [package insert]. Cambridge, MA: Millenium Pharmaceuticals, Inc.; April 2019.
- Kyprolis [package insert]. Thousand Oaks, CA: Amgen Inc.; March 2021.