

Myeloma Pathways: Multiple Myeloma

Patient Name: _____ Date of Birth: _____
Member Number: _____ Treatment Start Date: _____
Pathology: _____ Stage: _____
Line of Therapy: __1st Line __2nd Line __3rd Line __3rd Line+
__Maintenance ECOG Performance Status: _____ ICD-10 Code: _____
Biomarkers/Characteristics: (select all that apply)
Transplant Candidate: __No __Yes

Primary/First Line of Therapy (1st Line) | Transplant Candidates

- VRD/VDR:** bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone
 D-VTd: daratumumab (Darzalex), bortezomib (Velcade), thalidomide, and dexamethasone

Primary/First Line of Therapy (1st Line) | Non-Transplant Candidates

- CyBorD or VDC:** bortezomib (Velcade), cyclophosphamide, and dexamethasone
 DRd: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone
 R-dex: lenalidomide (Revlimid) and low-dose dexamethasone
 VRD/VDR: bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone
 VD: bortezomib (Velcade) and dexamethasone

Maintenance Therapy | Post-Transplant

- Lenalidomide (Revlimid)

Relapsed Disease | Second and Subsequent Lines of Therapy (2nd Line+)

- CRd or KRd:** carfilzomib (Kyprolis), lenalidomide (Revlimid), and dexamethasone
 DRD: daratumumab (Darzalex), lenalidomide (Revlimid), and dexamethasone
 DVD: daratumumab (Darzalex), bortezomib (Velcade), and dexamethasone
 PVd: pomalidomide (Pomalyst), bortezomib (Velcade), and dexamethasone

Relapsed Disease | Third and Subsequent Lines of Therapy (3rd Line+)

- Daratumumab (Darzalex)
 Elotuzumab (Empliciti), lenalidomide (Revlimid), and dexamethasone
 Elotuzumab (Empliciti), pomalidomide (Pomalyst), and dexamethasone*

* Eligible only if patient has received prior therapy with lenalidomide and proteasome inhibitor

Note: Pathways are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered. Biosimilars or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.