

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

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

CyBorD or VDC: bortezomib (Velcade), cyclophosphamide, 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

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 of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.