

# Multiple Myeloma Pathways

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_

Stage: \_\_\_\_\_

Line of Therapy: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

**Biomarkers/Characteristics:** (select all that apply)

Transplant Candidate: \_\_No \_\_Yes

## First Line of Therapy (1<sup>st</sup> Line)

- New Diagnosis
  - Transplant Candidates
    - ☐ **VRD/VDR:** bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone
    - ☐ **D-VTd:** daratumumab (Darzalex), bortezomib (Velcade), thalidomide, and dexamethasone
    - ☐ **D-VRd:** daratumumab (Darzalex), bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone
  - 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

## Second or Third Lines of Therapy (2<sup>nd</sup> or 3<sup>rd</sup> Line)

- Early Relapsed Disease
  - ☐ **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\*

## Maintenance Therapy

- Post-Transplant
  - ☐ **Lenalidomide (Revlimid)**

\* 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.



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