

Myeloma Pathways: Multiple Myeloma

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 (1st Line)

- New Diagnosis
 - Transplant Candidates
 - VRD/VDR:** bortezomib (Velcade), lenalidomide (Revlimid), and dexamethasone
 - D-VTd:** daratumumab (Darzalex), bortezomib (Velcade), thalidomide, 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 and Subsequent Lines of Therapy (2nd Line+)

- Recurrent / 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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