

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Ninlaro (ixazomib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ninlaro (ixazomib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Ninlaro (ixazomib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Multiple myeloma; **AND**
- II. Individual has received at least one prior therapy; **AND**
- III. Ninlaro (ixazomib) is given as part of a treatment regimen containing lenalidomide and dexamethasone;
- OR**
- IV. Ninlaro (ixazomib) is given in combination with dexamethasone (Label, NCCN 2A);
- OR**
- V. Individual has a diagnosis of multiple myeloma; **AND**
- VI. Individual has received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor; **AND**
- VII. Individual has demonstrated disease progression on or within 60 days of completion of last therapy; **AND**
- VIII. Ninlaro (ixazomib) is given as part of a treatment regimen containing dexamethasone and pomalidomide (NCCN 2A);
- OR**
- IX. Individual has a diagnosis of multiple myeloma; **AND**
- X. Individual is using as primary therapy; **AND**
- XI. Individual is not a candidate for stem cell transplant; **AND**
- XII. Ninlaro is given in combination with lenalidomide and dexamethasone (NCCN 2A);
- OR**
- XIII. Individual has a diagnosis of multiple myeloma; **AND**
- XIV. Individual is using as maintenance therapy following response to primary therapy or stem cell transplant; **AND**

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XV. Ninlaro is given as a single agent (NCCN 2A, DP B11a).

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 1, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 14, 2019.
  - a. Multiple Myeloma V2.2020. Revised October 9, 2019.
  - b. Systemic Light Chain Amyloidosis V1.2019. Revised October 26, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.