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

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.

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