

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ixazomib (Ninlaro)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **ixazomib (Ninlaro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Prescribed by Oncology/Hematology
- Patient has a documented diagnosis of multiple myeloma
- Patient received one or more prior lines of treatment for multiple myeloma
- Patient is unable to receive an intravenous or subcutaneous bortezomib-based regimen