

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

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 (NCCN 2A);
OR
- V. Ninlaro (ixazomib) is given as part of a treatment regimen containing dexamethasone and pomalidomide (NCCN 2A).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 4/2018.

PAGE 1 of 2 08/15/2018

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.

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DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

NCCN Drugs & Biologics Compendium (NCCN Compendium) 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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