

## Clinical Policy: Ixazomib (Ninlaro)

Reference Number: PA.CP.PHAR.302

Effective Date: 01/18

Last Review Date: 07/17/19

[Coding Implications](#)

[Revision Log](#)

### Description

The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness<sup>®</sup> clinical policy for ixazomib capsules for oral use (Ninlaro<sup>®</sup>).

### FDA Approved Indication(s)

Ninlaro is indicated in combination with lenalidomide and dexamethasone for the treatment of patients with multiple myeloma (MM) who have received at least one prior therapy.

### Policy/Criteria

It is the policy of Pennsylvania Health and Wellness<sup>®</sup> that Ninlaro is **medically necessary** when the following criteria is met:

#### I. Initial Approval Criteria

##### A. Multiple Myeloma (must meet all):

1. Diagnosis of multiple myeloma;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Prescribed in combination with dexamethasone with or without either Revlimid<sup>®</sup> or Pomalyst<sup>®</sup>;  
*\*Prior authorization is (or may be) required for Revlimid and Pomalyst*
4. Request meets one of the following (a or b):
  - a. Dose does not exceed 4 mg (1 tablet) per week;
  - b. Requested dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

##### B. Other diagnoses/indications: Refer to PA.CP.PMN.53

#### II. Continued Approval

##### A. Multiple Myeloma (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
  - a. New dose does not exceed 4 mg (1 tablet) per week;
  - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 12 months**

**B. Other diagnoses/indications** (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

**Background***Description/Mechanism of Action:*

Ixazomib is a reversible proteasome inhibitor. Ixazomib preferentially binds and inhibits the chymotrypsin-like activity of the beta 5 subunit of the 20S proteasome. Ixazomib induced apoptosis of multiple myeloma cell lines *in vitro*. Ixazomib demonstrated *in vitro* cytotoxicity against myeloma cells from patients who had relapsed after multiple prior therapies, including bortezomib, lenalidomide, and dexamethasone. The combination of ixazomib and lenalidomide demonstrated synergistic cytotoxic effects in multiple myeloma cell lines. *In vivo*, ixazomib demonstrated antitumor activity in a mouse multiple myeloma tumor xenograft model.

*Formulations:*

Ninlaro is available as 4 mg, 3 mg, and 2.3 mg capsules for oral administration.

**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Codes	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
MM off-label uses added as subsequent therapy in combination with dexamethasone and Pomalyst and as primary therapy in combination with dexamethasone and Revlimid; NCCN and FDA-approved uses summarized for improved clarity (prior chemotherapy requirement removed given new off-label uses); references reviewed and updated	05.18	
3Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	07/17/19	

**References**

1. Ninlaro Prescribing Information. Cambridge, MA: Millennium Pharmaceuticals, Inc.; November 2016. Available at <https://www.ninlaro.com/prescribing-information.pdf>. Accessed April 2018.

2. Ixazomib. In: National Comprehensive Cancer network Drug and Biologics Compendium. Available at [www.nccn.org](http://www.nccn.org). Accessed April 2018.
3. Multiple myeloma (Version 4.2018). In: National Comprehensive Cancer Network Guidelines. Available at [nccn.org](http://nccn.org). Accessed April 2018.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: <http://www.clinicalpharmacology-ip.com/>. Accessed April 2018.