

**dexamethasone (HEMADY)**

**Diagnoses Considered for Coverage:**

- Multiple myeloma

**Coverage Criteria:**

**1. For diagnosis of multiple myeloma, approve if:**

- Patient is unable to use generic dexamethasone (1 mg, 2 mg, 4 mg, 6 mg) tablets due to pill burden, **and**
- Dose does not exceed 20 mg or 40 mg once daily, on specific days with other multiple myeloma agents depending on the protocol regimen.

**Coverage Duration:** thru chemotherapy

Effective Date: 09/27/2023