

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Empliciti Prior Authorization Policy

- Empliciti® (elotuzumab intravenous infusion – Bristol-Myers Squibb)

REVIEW DATE: 04/24/2024

OVERVIEW

Empliciti, a SLAMF7 (signaling lymphocytic activation molecule family member 7)-directed immunostimulatory antibody, is indicated in **multiple myeloma**, in the following situations:¹

- in patients who have received one to three prior therapies, in combination with lenalidomide and dexamethasone.
- in patients who have received at least two prior therapies (including lenalidomide and a proteasome inhibitor), in combination with Pomalyst® (pomalidomide capsules) and dexamethasone.

Guidelines

The National Comprehensive Cancer Network (NCCN) Multiple Myeloma clinical practice guidelines (version 3.2024 – March 8, 2024) recommend Empliciti in treatment regimens for patients who were previously treated for multiple myeloma.³ In this population, Empliciti/Pomalyst/dexamethasone is recommended for lenalidomide-refractory patients as a “Preferred” regimen (category 2A). Empliciti/lenalidomide/dexamethasone and Empliciti/bortezomib/dexamethasone are listed under “Other Recommended Regimens” (category 1).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Empliciti. Because of the specialized skills required for evaluation and diagnosis of patients treated with Empliciti as well as the monitoring required for adverse events and long-term efficacy, approval requires Empliciti to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Empliciti is recommended in those who meet the following criteria:

FDA-Approved Indication

- 1. Multiple Myeloma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
 - A)** Patient is ≥ 18 years of age; AND
 - B)** Patient has tried at least one other regimen for multiple myeloma; AND
Note: Examples of agents used in other regimens include bortezomib, lenalidomide, cyclophosphamide, Darzalex (daratumumab intravenous infusion).
 - C)** Empliciti is used in combination with at least one other agent; AND
Note: Examples of agents that may be used in combination with Empliciti include lenalidomide, bortezomib, and Pomalyst (pomalidomide capsules).
 - D)** Empliciti is prescribed by or in consultation with an oncologist or a hematologist.

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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Empliciti is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Empliciti® [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; March 2022.
2. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on April 17, 2024. Search term: elotuzumab.
3. The NCCN Multiple Myeloma Clinical Practice Guidelines in Oncology (version 3.2024 – March 8, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on April 17, 2024.