SmartHealth Ascension

Elotuzumab

(Empliciti®) J9176 (1mg)

Covered with prior authorization

Elotizumab (Empliciti®) may be authorized when the following criteria are met:

- Individual has a diagnosis of relapsed, progressive, or refractory multiple myeloma, including plasma-cell leukemia; **AND**
- Individual has not received prior lines of therapy which included elotuzumab; **AND**
- Individual is using in combination with one of the following:
  - Lenalidomide and dexamethasone; **OR**
  - Bortezomib and dexamethasone; **OR**
  - Relapsed or refractory systemic light chain amyloidosis; **OR**
  - Pomalidomide and dexamethasone (in individuals who have received at least two prior therapies including lenalidomide and a proteasome inhibitor).

Exclusion criteria:
Requests may not be approved for the following:

- Product use for non-FDA approved indications or indications not supported by industry-accepted guidelines.
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use.

Initial authorization approval is up to 12 months.

Reauthorization approval is up to 12 months.

Reauthorization Criteria
Elotizumab is considered medically necessary for continued use when initial criteria are met **AND** the patient has experienced clinical benefit to therapy **AND** has not experienced an unacceptable toxicity.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Elotizumab (Empliciti®) is a SLAMF7-directed immunostimulatory antibody indicated for the following:

- In combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.
- In combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. Empliciti [Prescribing Information]. Princeton, NJ: Bristol-Myers Squibb Company; 2022.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022
4. NCCN Clinical Practice Guidelines in Oncology™. National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp.

Criteria History/ Revision Information:

Date	Summary of Changes
August 2022	Criteria for use summary developed by the Ascension Medical Specialty Prior Authorization Team.
September 2022	Criteria for use summary approved by the Ascension Ambulatory Care Expert Review Panel.
October 2022	Criteria for use summary approved by the Ascension Therapeutic Affinity Group.

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team, or email your questions to smarthealthspecialty@ascension.org.