

Elotuzumab (Empliciti®)

Place of Service

Office Administration
Outpatient Facility Administration
Infusion Center Administration

HCPCS: J9176 per 1 mg

Condition listed in policy (*see criteria for details*)

- [Multiple myeloma](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: Anti-SLAMF7 monoclonal antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Empliciti® (elotuzumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Multiple myeloma

- 1. Meets one of the following:
 - a. Being used in combination with Revlimid (lenalidomide) and dexamethasone, and patient has received at least one prior therapy, or
 - b. Being used in combination with Velcade (bortezomib) and dexamethasone, and patient has received at least one prior therapy, or
 - c. Being used with combination with Pomalyst (pomalidomide) and dexamethasone, and patient has received at least two prior therapies* that includes an immunomodulatory agent and a proteasome inhibitor

Multiple Myeloma Therapy Classes

IMiDs (Immunomodulatory Drugs) <ul style="list-style-type: none">• Revlimid (lenalidomide)• Pomalyst (pomalidomide)• Thalomid (thalidomide)	Proteasome Inhibitors <ul style="list-style-type: none">• Velcade (bortezomib)• Kyprolis (carfilzomib)• Ninlaro (ixazomib)	Chemotherapy <ul style="list-style-type: none">• Doxil (doxorubicin HCl liposome injection)• Alkylator chemotherapy: Cytoxan (cyclophosphamide), Melphalan
Histone Deacetylase Inhibitor <ul style="list-style-type: none">• Farydak (panobinostat)	Monoclonal Antibodies <ul style="list-style-type: none">• Darzalex (daratumumab)• Darzalex Faspro (daratumumab and hyaluronidase-fihj)• Empliciti (elotuzumab)• Sarclisa (isatuximab)	BCL-2 inhibitor <ul style="list-style-type: none">• Vendexta (venetoclax)
Antibody-Drug Conjugate <ul style="list-style-type: none">• Blenrep (belantamab mafodotin-blmf)	Nuclear export inhibitor <ul style="list-style-type: none">• Xpovio (selinexor)	CAR-T Cell Agent <ul style="list-style-type: none">• Abecma (idecabtagene vicleucel)• Breyanzi - (lisocabtagene maraleucel)
Stem Cell Transplantation <ul style="list-style-type: none">• High-dose chemotherapy and stem cell transplantation		

Covered Doses

With lenalidomide and dexamethasone:

Up to 10 mg/kg IV each week for first eight weeks (two 28-day cycles), and every 2 weeks thereafter

With bortezomib and dexamethasone:

Cycles 1-2: 10 mg/kg IV weekly (21-day cycle)
Cycles 3-8: 10 mg/kg IV days 1 and 11 (21-day cycle)
Cycles 9+ : 10 mg/kg IV days 1 and 15 thereafter (28-day cycle)

With pomalidomide and dexamethasone:

Cycles 1-2: 10 mg/kg IV weekly (28-day cycle)
Cycles 3+ : 20 mg/kg IV every 4 weeks thereafter (28-day cycle)

Coverage Period

Indefinite

ICD-10:

C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, Z85.79

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Empliciti® (elotuzumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 300 mg (single-use vial)
- 400 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Empliciti® (elotuzumab) [Prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; 3/2022.
- National Comprehensive Cancer Network. Multiple Myeloma (Version 4.2023). Available at <http://www.nccn.org>.

(7) Policy Update

Date of last review: 4Q2023

Date of next review: 4Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*