



Promise Health Plan

elranatamab-bcmm (Elrexfio®)

Medical Benefit Drug Policy

<u>Place of Service</u> Hospital Administration Infusion Center Administration Office Administration Outpatient Facility Administration

Drug Details

USP Category: ANTINEOPLASTICS

Mechanism of Action: Bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager

HCPCS:

- Through 3/31/2024: C9165 per 1 mg
- Effective 4/1/2024 and after: J1323 per 1 mg

How Supplied:

NDC(s):

- 0069-4494-02: 76 mg/1.9 mL (40 mg/mL) single-dose vial
- 0069-2522-02: 44 mg/1.1 mL (40 mg/mL) single-dose vial

Condition(s) listed in policy (see coverage criteria for details)

• Multiple myeloma

The following condition(s) require Prior Authorization/Preservice:

Multiple myeloma

- 1. Being used as single agent therapy, AND
- 2. Patient has received at least four prior therapies that include the use of all of the following:
 - a. An anti-CD38 monoclonal antibody (e.g., Darzalex, Sarclisa), and
 - b. A proteasome inhibitor (e.g., Velcade, Kyprolis, Ninlaro), and
 - c. An immunomodulatory agent (e.g., Pomalyst, Revlimid, Thalomid)

Covered Doses:

Dosing Schedule	Day	Dose	
Step-up Dosing Schedule	Day 1	Step-up dose 1	12 mg
	Day 4	Step-up dose 2	32 mg
	Day 8	First treatment dose	76 mg
Weekly Dosing Schedule	One week after first treatment dose and	Subsequent treatment doses	76 mg

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	weekly thereafter through week 24		
Every 2 Weeks Dosing Schedule	Week 25 and every 2	Subsequent treatment	76 mg
*Responders only week 25 onward	weeks thereafter	doses	5

Coverage Period:

Indefinite

References

- 1. AHFS[®]. Available by subscription at http://www.lexi.com
- 2. DrugDex[®]. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- 3. Elrexfio (elranatamab-bcmm). [Prescribing information]. Pfizer, Inc.; 8/2023.

Review History

Date of Last Annual Review: 11/29/2023 Date of last revision: 4/3/2024 Changes from previous policy version:

• Effective 4/1/2024 and after: J1323 per 1 mg

Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee