

SPECIALTY GUIDELINE MANAGEMENT

EMPLICITI (elotuzumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Empliciti is indicated in combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.
2. Empliciti is indicated 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.

B. Compendial Uses

Therapy for previously treated multiple myeloma for relapsed or progressive disease in combination with bortezomib and dexamethasone

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Multiple Myeloma

Authorization of 12 months may be granted for the treatment of multiple myeloma for members who have received at least one prior therapy.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Empliciti [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; November 2018.
2. The NCCN Drugs & Biologics Compendium 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 04, 2018.
3. The NCCN Clinical Practice Guidelines in Oncology Multiple Myeloma (Version 1.2019) 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed September 11, 2018.