

## Medical Policy:

### Empliciti® (elotuzumab) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.144	April 4, 2025	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Definitions

**Empliciti (elotuzumab):** Elotuzumab is a humanized IgG1 monoclonal antibody that specifically targets the SLAMF7 (Signaling Lymphocytic Activation Molecule Family member 7) protein. SLAMF7 is expressed on myeloma cells independent of cytogenetic abnormalities. SLAMF7 is also expressed on Natural Killer cells, plasma cells, and at lower levels on specific immune cell subsets of differentiated cells within the hematopoietic lineage.

Elotuzumab directly activates Natural Killer cells through both the SLAMF7 pathway and Fc receptors. Elotuzumab also targets SLAMF7 on myeloma cells and facilitates the interaction with Natural Killer cells to mediate the killing of myeloma cells through antibody-dependent cellular cytotoxicity (ADCC). In preclinical models, the combination of elotuzumab and lenalidomide resulted in enhanced activation of Natural Killer cells that was greater than the effects of either agent alone and increased anti-tumor activity in vitro and in vivo.

## Length of Authorization

Coverage will be provided for 6 months and may be renewed.

## Dosing Limits [Medical Benefit]

### Max Units (per dose and over time) [Medical Benefit]:

Multiple Myeloma – Given in combination with Lenalidomide/Dexamethasone:

- 1200 billable units weekly for the first two 28-day cycles (8 doses), then every two weeks thereafter beginning day 1 of cycle 3

Multiple Myeloma – Given in combination with Pomalidomide/Dexamethasone:

- 1200 billable units weekly for the first two 28-day cycles (8 doses), then 2300 billable units every four weeks thereafter beginning day 1 of cycle 3

Multiple Myeloma – Given in combination with Bortezomib/Dexamethasone:

- 1200 billable units weekly for the first two 21-day cycles (6 doses), then every 10 days for the next six 21-day cycles (cycles 3 to 8 [12 doses]), then every 2 weeks per 28-day cycle thereafter beginning day 1 of cycle 9

## Guideline

### I. Initial Approval Criteria

**Empliciti** may be considered medically necessary if one of the below conditions are met **AND** use is consistent with the medical necessity criteria that follows:

#### 1. **Multiple Myeloma**† ‡ Φ

- A. Patient has previously treated relapsed or progressive disease; **AND**
  - i. Used in combination with lenalidomide and dexamethasone; **OR**
  - ii. Used in combination with pomalidomide and dexamethasone in patients with lenalidomiderefractory disease; **OR**
  - iii. Used in combination with bortezomib and dexamethasone ‡

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

### Limitations/Exclusions

Empliciti is not considered medically necessary for when any of the following selection criteria is met:

1. Members with non-secretory or oligo-secretory or serum free light-chain only myeloma.
2. Members with active plasma cell leukemia.
3. Members with Known Human immunodeficiency virus (HIV) infection or active hepatitis A, B, or C.
4. Disease progression while taking Empliciti (elotuzumab).
5. The maximum dose should not exceed 20 mg/kg.
6. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

### II. Renewal Criteria

1. Patient continues to meet criteria in INITIAL APPROVAL CRITERIA.
2. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions, infections, second primary malignancies, hepatotoxicity, etc.

## Dosage/Administration

Indication	Dose
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Multiple Myeloma	<b><u>In combination with lenalidomide and dexamethasone:</u></b>
	<ul style="list-style-type: none"> <li>Administer 10 mg/kg intravenously every week (Days 1, 8, 15, &amp; 22) for the first two 28-day cycles (8 doses); then every 2 weeks thereafter (Days 1 &amp; 15) beginning with cycle 3. Continue treatment until disease progression or unacceptable toxicity.</li> </ul>
	<b><u>In combination with pomalidomide and dexamethasone:</u></b>
	<ul style="list-style-type: none"> <li>Administer 10 mg/kg intravenously every week (Days 1, 8, 15, &amp; 22) for the first two 28-day cycles (8 doses); then 20 mg/kg every 4 weeks thereafter (Day 1) beginning with cycle 3. Continue treatment until disease progression or unacceptable toxicity.</li> </ul>
	<b><u>In combination with bortezomib and dexamethasone:</u></b>
	<ul style="list-style-type: none"> <li>Administer 10 mg/kg intravenously every week (Days 1, 8 &amp; 15) for the first two 21-day cycles (6 doses); then on Days 1 &amp; 11 for the next six 21-day cycles (cycles 3 to 8 [12 doses]); then every 2 weeks (Days 1 &amp; 15) per 28-day cycle thereafter beginning with cycle 9. Continue treatment until disease progression or unacceptable toxicity.</li> </ul>

## Applicable Procedure Codes

Code	Description
J9176	Injection, elotuzumab, 1 mg, 1 billable unit = 1 mg

## Applicable NDCs

Code	Description
00003-2291-xx	Empliciti 300 mg single use vial
00003-4522-xx	Empliciti 400 mg single use vial

## ICD-10 Diagnoses

Code	Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma, in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/4/2025	Annual Review: updated diagnosis codes. Addition of dosage guidelines and in criteria for Multiple Myeloma – Given in combination with Bortezomib/Dexamethasone.

EmblemHealth & ConnectiCare	3/18/2024	Annual Review: removed C90.10, C90.12, no criteria changes
EmblemHealth & ConnectiCare	07/06/2023	Annual Review: No criteria changes
EmblemHealth & ConnectiCare	04/21/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	07/15/2019	Annual Review

## References

1. Empliciti prescribing information. Bristol-Myers Squibb. December 2016.
2. Clinical Pharmacology Elsevier Gold Standard. 2017.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2017.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2017.
5. AHFS Drug Information. American Society of Health-Systems Pharmacists. Bethesda, MD. 2017.