

Empliciti® (elotuzumab) (Intravenous)

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05/2022

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Empliciti 300 mg single-dose vial: 16 vials per 28 days for 2 cycles; subsequent cycles are 8 vials per 28 days
- Empliciti 400 mg single-dose vial: 12 vials per 28 days for 2 cycles; subsequent cycles are 6 vials per 28 days

B. Max Units (per dose and over time) [NDC Unit]:

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 D1 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

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Multiple Myeloma † Φ ¹⁻⁵

- Used in combination with lenalidomide and dexamethasone for the treatment of relapsed or progressive disease after failure of one to three prior therapies; **OR**
- Used in combination with pomalidomide and dexamethasone after failure of at least two prior therapies, including lenalidomide and a proteasome inhibitor (i.e., bortezomib, carfilzomib, etc.); **OR**
- Used in combination with bortezomib and dexamethasone for the treatment of relapsed or progressive disease after failure of one to three prior therapies ‡

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

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

IV. Renewal Criteria ^{1,2}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions, infections, second primary malignancies, hepatotoxicity, etc.

V. Dosage/Administration ^{1,3}

| Indication | Dose |
|---|---|
| Multiple Myeloma in combination with lenalidomide and dexamethasone | 10 mg/kg intravenously every week (Days 1, 8, 15, & 22) for the first two 28-day cycles (8 doses); then every 2 weeks thereafter (Days 1 & 15) beginning with cycle 3. Continue treatment until disease progression or unacceptable toxicity. |

| | |
|---|--|
| Multiple Myeloma in combination with pomalidomide and dexamethasone | 10 mg/kg intravenously every week (Days 1, 8, 15, & 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. |
| Multiple myeloma in combination with bortezomib and dexamethasone | 10 mg/kg intravenously every week (Days 1, 8 & 15) for the first two 21-day cycles (6 doses); then on Days 1 & 11 for the next six 21-day cycles (cycles 3 to 8 [12 doses]); then every 2 weeks per 28-day cycle thereafter (Days 1 & 15) beginning with cycle 9. Continue treatment until disease progression or unacceptable toxicity. |

VI. Billing Code/Availability Information

HCPCS Code:

- J9176 – Injection, elotuzumab, 1 mg; 1 billing unit = 1 mg

NDC(s):

- Empliciti 300 mg single-dose vial: 00003-2291-xx
- Empliciti 400 mg single-dose vial: 00003-4522-xx

VII. References (STANDARD)

1. Empliciti [package insert]. Princeton, NJ; Bristol-Myers Squibb Company; March 2022. Accessed April 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for elotuzumab. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed April 2022.
3. Jakubowiak A, Offidani M, Pégourie B, et al. Randomized phase 2 study: elotuzumab plus bortezomib/dexamethasone vs bortezomib/dexamethasone for relapsed/refractory MM. *Blood*. 2016 Jun 9;127(23):2833-40.
4. [Lonial S](#), [Dimopoulos M](#), [Palumbo A](#), et al. Elotuzumab Therapy for Relapsed or Refractory Multiple Myeloma. *N Engl J Med*. 2015 Aug 13;373(7):621-31. doi: 10.1056/NEJMoa1505654. Epub 2015 Jun 2.
5. [Dimopoulos MA](#), [Dytfeld D](#), [Grosicki S](#), et al. Elotuzumab plus Pomalidomide and Dexamethasone for Multiple Myeloma. *N Engl J Med*. 2018 Nov 8;379(19):1811-1822. doi: 10.1056/NEJMoa1805762.

VIII. References (ENHANCED)

- 1e. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Multiple Myeloma Version 5.2022. National Comprehensive Cancer Network, 2022. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org. Accessed April 2022.
- 2e. Lonial S, Richardson PG, Mateos MV, et al. ELOQUENT-2 update: Phase III study of elotuzumab plus lenalidomide/dexamethasone (ELd) vs Ld in relapsed/refractory multiple myeloma (RRMM)—Identifying responders by subset analysis. *Journal of Clinical Oncology* 34, no. 15_suppl (May 2016) 8037-8037.
- 3e. Richardson PG, Jagannath S, Jakubowiak AJ, et al. Phase II Trial of Lenalidomide, Bortezomib, and Dexamethasone In Patients (pts) with Relapsed and Relapsed/Refractory Multiple Myeloma (MM): Updated Efficacy and Safety Data After >2 Years of Follow-up. *Blood*, 116(21), 3049.
- 4e. Stewart AK, Rajkumar SV, Dimopoulos MA, et al. Carfilzomib, lenalidomide, and dexamethasone for relapsed multiple myeloma. *N Engl J Med*. 2015 Jan 8;372(2):142-52
- 5e. Siegel DS, Dimopoulos MA, Ludwig H, et al. Improvement in Overall Survival With Carfilzomib, Lenalidomide, and Dexamethasone in Patients With Relapsed or Refractory Multiple Myeloma. *Journal of Clinical Oncology* 2018 36:8, 728-734.
- 6e. Dimopoulos MA¹, Moreau P, Palumbo A, et al. Carfilzomib and dexamethasone versus bortezomib and dexamethasone for patients with relapsed or refractory multiple myeloma (ENDEAVOR): a randomised, phase 3, open-label, multicentre study. *Lancet Oncol*. 2016 Jan;17(1):27-38.
- 7e. Dimopoulos MA, Goldschmidt H, Niesvizky R, et al. Carfilzomib or bortezomib in relapsed or refractory multiple myeloma (ENDEAVOR): an interim overall survival analysis of an open-label, randomised, phase 3 trial. *Lancet Oncol*. 2017 Oct;18(10):1327-1337.
- 8e. Palumbo A, Chanan-Khan A, Weisel K, et al. Daratumumab, Bortezomib, and Dexamethasone for Multiple Myeloma. *N Engl J Med* 2016; 375:754-766.
- 9e. Dimopoulos MA, Oriol A, Nahi H, et al. Daratumumab, Lenalidomide, and Dexamethasone for Multiple Myeloma. *N Engl J Med* 2016; 375:1319-1331.
- 10e. Moreau P, Masszi T, Grzasko N, et al. Oral Ixazomib, Lenalidomide, and Dexamethasone for Multiple Myeloma. *N Engl J Med* 2016; 374:1621-1634.
- 11e. San-Miguel JF, Hungria VT2, Yoon SS, et al. Panobinostat plus bortezomib and dexamethasone versus placebo plus bortezomib and dexamethasone in patients with relapsed or relapsed and refractory multiple myeloma: a multicentre, randomised, double-blind phase 3 trial. *Lancet Oncol*. 2014 Oct;15(11):1195-206.
- 12e. Richardson PG, Hungria VT, Yoon SS, et al. Panobinostat plus bortezomib and dexamethasone in previously treated multiple myeloma: outcomes by prior treatment. *Blood*. 2016;127(6):713-21.

- 13e. Offidani M, Corvatta L, Maracci L, et al. Efficacy and tolerability of bendamustine, bortezomib and dexamethasone in patients with relapsed-refractory multiple myeloma: a phase II study. *Blood Cancer J.* 2013;3(11):e162. Published 2013 Nov 22. doi:10.1038/bcj.2013.58.
- 14e. Baz RC, Martin TG 3rd, Lin HY, et al. Randomized multicenter phase 2 study of pomalidomide, cyclophosphamide, and dexamethasone in relapsed refractory myeloma. *Blood.* 2016 May 26;127(21):2561-8.
- 15e. Magellan Health, Magellan Rx Management. Empliciti Clinical Literature Review Analysis. Last updated April 2022. Accessed April 2022.

Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 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 |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|--|---|
| Jurisdiction | Applicable State/US Territory | Contractor |
| E (1) | CA, HI, NV, AS, GU, CNMI | Noridian Healthcare Solutions, LLC |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|---|---|
| Jurisdiction | Applicable State/US Territory | Contractor |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. |
| J (10) | TN, GA, AL | Palmetto GBA, LLC |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA, LLC |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. |
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) |
| 15 | KY, OH | CGS Administrators, LLC |