Elrexfio™ (elranatamab-bcmm)
(Subcutaneous)

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I. Length of Authorization

- Initial: Following initial inpatient administration of 2 doses (step-up dose 1, step-up dose 2), prior authorization validity will be provided initially for 6 months.
- Renewal: Prior authorization validity may be renewed every 6 months thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 76 billable units weekly through week 24, then 76 billable units every two weeks thereafter

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Used as continuation therapy following inpatient administration of step-up dose 1 and step-up dose 2; **AND**
- Patient had an absence of unacceptable toxicity while on inpatient administration of step-up doses; **AND**

Universal Criteria [1]

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will be administered prophylaxis for infection according to local guidelines; **AND**
- Patient has not had an allogenic or an autologous stem cell transplant within the previous 12 weeks; **AND**

- Used as single agent treatment; **AND**

Multiple Myeloma † ‡ Φ [1-3]

- Patient has relapsed or refractory disease; **AND**
- Patient has received at least four (4) prior lines of therapy, including a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib etc.), an immunomodulatory agent (e.g., lenalidomide, thalidomide, pomalidomide, etc.) and an anti-CD38 monoclonal antibody (e.g., daratumumab, isatuximab, etc.)

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]

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the universal and other 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 infections, neutropenia/febrile neutropenia, severe hepatotoxicity, neurologic toxicity including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS), cytokine release syndrome (CRS), etc.

V. Dosage/Administration [1]

Indication	Dose
Multiple Myeloma	The recommended dosages of Elrexfio subcutaneous injection are: step-up dose 1 of 12 mg on Day 1, step-up dose 2 of 32 mg on Day 4, followed by the first treatment dose of 76 mg on Day 8, and then 76 mg weekly thereafter through week 24 *(See table below)*. • For patients who have received at least 24 weeks of treatment with Elrexfio and have achieved a response [partial response (PR) or better] and maintained this response for at least 2 months, the dose interval should transition to an every two-week schedule *(See table below)*.

- For patients who have received at least 24 weeks of treatment with Elrexfio at the every two-week dosing schedule and have maintained the response, the dose interval should transition to an every four-week schedule *(See table below)*.

Continue treatment with Elrexfio until disease progression or unacceptable toxicity.

Dosing Schedule	Day	Elrexfio Dose	
Step-up Dosing Schedule	Day 1 [a]	Step-up dose 1	12 mg
	Day 4 [a,b]	Step-up dose 2	32 mg
	Day 8 [a,c]	First treatment dose	76 mg
Weekly Dosing Schedule	One week after first treatment dose and weekly thereafter [d] through week 24	Subsequent treatment doses	76 mg
Biweekly (Every 2 Week) Dosing Schedule ***Responders only week 25 onward***	Week 25 and every 2 weeks thereafter [d] through week 48	Subsequent treatment doses	76 mg
Every 4 Week Dosing Schedule **** In patients who have maintained the response following 24 weeks of treatment at the biweekly dosing schedule***	Week 49 and every 4 weeks thereafter [d]	Subsequent treatment doses	76 mg

– **a.** Administer pre-treatment medications prior to each dose in the Elrexfio step-up dosing schedule, which includes step-up dose 1, step-up dose 2, and the first treatment dose.
– **b.** A minimum of 2 days should be maintained between step-up dose 1 (12 mg) and step-up dose 2 (32 mg).
– **c.** A minimum of 3 days should be maintained between step-up dose 2 (32 mg) and the first treatment (76 mg) dose.
– **d.** A minimum of 6 days should be maintained between treatment doses.

Note: See the PI for recommendations on restarting Elrexfio after dose delays.

Note: Elrexfio is intended for subcutaneous use by a healthcare provider only. Administer Elrexfio subcutaneously according to the step-up dosing schedule to reduce the incidence and severity of cytokine release syndrome (CRS). Due to the risk of CRS, patients should be hospitalized for 48 hours after administration of the first step-up dose, and for 24 hours after administration of the second step-up dose.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J1323 – Injection, elranatamab-bcmm, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Elrexfio 76 mg/1.9 mL solution for injection in a single-dose vial: 00069-4494-xx

- Elrexfio 44 mg/1.1 mL solution for injection in a single-dose vial: 00069-2522-xx

VII. References (STANDARD)

1. Elrexfio [package insert]. New York, NY; Pfizer, Inc.; July 2025. Accessed August 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for elranatamab. National Comprehensive Cancer Network, 2025. 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 May 2025.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma Version 2.2025. National Comprehensive Cancer Network, 2025. 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 Guidelines, go online to NCCN.org. Accessed May 2025.
4. BGM Durie, J-L Harousseau, J S Miguel, et al on behalf of the International Myeloma Working Group. International uniform response criteria for multiple myeloma. Leukemia. Sep; 20(9):1467-73.
5. Lesokhin AM, Arnulf B, Niesvizky R, et al. Initial safety results for MagnetisMM-3: A phase 2 trial of elranatamab, a B-cell maturation antigen (BCMA)-CD3 bispecific antibody, in patients (pts) with relapsed/refractory (R/R) multiple myeloma (MM). Journal of Clinical Oncology 2022 40:16_suppl, 8006-8006.
6. Lesokhin AM, Tomasson MH, Arnulf B, et al. Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results. Nat Med 2023;29:2259-2267. Available at: https://www.ncbi.nlm.nih.gov/pubmed/37582952.

VIII. References (ENHANCED)

1e. Lesokhin, A.M., Tomasson, M.H., Arnulf, B. et al. Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results. Nat Med 29, 2259–2267 (2023).

2e. Moreau P, Garfall AL, van de Donk NWCJ, et al. Teclistamab in Relapsed or Refractory Multiple Myeloma. N Engl J Med. 2022 Aug 11;387(6):495-505.

3e. Usmani SZ, Garfall AL, van de Donk NWCJ, et al. Teclistamab, a B-cell maturation antigen × CD3 bispecific antibody, in patients with relapsed or refractory multiple myeloma (MajesTEC-1): a multicentre, open-label, single-arm, phase 1 study. Lancet. 2021 Aug 21;398(10301):665-674.

4e. Pillarisetti K, Powers G, Luistro L, et al. Teclistamab is an active T cell-redirecting bispecific antibody against B-cell maturation antigen for multiple myeloma. Blood Adv. 2020 Sep 22;4(18):4538-4549.

5e. Lonial S, Lee HC, Badros A, et al. Pivotal DREAMM-2 study: Single-agent belantamab mafodotin (GSK2857916) in patients with relapsed/refractory multiple myeloma (RRMM) refractory to proteasome inhibitors (PIs), immunomodulatory agents, and refractory and/or intolerant to anti-CD38 monoclonal antibodies (mAbs). Journal of Clinical Oncology 2020 38:15_suppl, 8536-8536.

6e. Chari A, Vogl DT, Gavriatopoulou M, et al. Oral Selinexor-Dexamethasone for Triple-Class Refractory Multiple Myeloma. N Engl J Med. 2019 Aug 22;381(8):727-738.

7e. Berdeja JG, Madduri D, Usmani SZ, et al. Ciltacabtagene autoleucel, a B-cell maturation antigen-directed chimeric antigen receptor T-cell therapy in patients with relapsed or refractory multiple myeloma (CARTITUDE-1): a phase 1b/2 open-label study. Lancet. 2021 Jul 24;398(10297):314-324.

8e. Usmani SZ, Martin T, Berdeja JG, et al. MM-181 CARTITUDE-1: Two-Year Post Last Patient in (LPI) Results From the Phase 1b/2 Study of Ciltacabtagene Autoleucel (Cilta-Cel), a B-Cell Maturation Antigen (BCMA)-Directed Chimeric Antigen Receptor T (CAR-T) Cell Therapy, in Patients With Relapsed/Refractory Multiple Myeloma (RRMM). Clin Lymphoma Myeloma Leuk. 2022 Oct;22 Suppl 2:S410-S411.

9e. Munshi NC, Anderson LD Jr, Shah N, et al. Idecabtagene Vicleucel in Relapsed and Refractory Multiple Myeloma. N Engl J Med. 2021 Feb 25;384(8):705-716.

10e. Dimopoulos MA, Vânia T.M. Hungria, Atanas Radinoff, et al. Efficacy and safety of single-agent belantamab mafodotin versus pomalidomide plus low-dose dexamethasone in patients with relapsed or refractory multiple myeloma (DREAMM-3): a phase 3, open-label, randomised study. The Lancet Haematology. 2023;10(10):e801-e812.

11e. Chari A, Minnema MC, Berdeja JG, et al. Talquetamab, a T-Cell–Redirecting GPRC5D Bispecific Antibody for Multiple Myeloma. New England Journal of Medicine. 2022;387(24):2232-2244.

12e. Minnema Mc, Chari A, C. Touzeau, Et Al. P29 Phase 1/2 Results Of Talquetamab, A G Protein-Coupled Receptor Family C Group 5 Member D X Cd3 Bispecific Antibody, In Patients With Relapsed/Refractory Multiple Myeloma (Rrmm) (Monumental-1). Hemasphere. 2023;7(S2):26-27.

13e. Rodriguez-Otero P, Ailawadhi S, Arnulf B, et al. Ide-cel or Standard Regimens in Relapsed and Refractory Multiple Myeloma. New England Journal of Medicine. 2023;388(11):1002-1014.

14e. Jesús San-Miguel, Binod Dhakal, Yong K, et al. Cilta-cel or Standard Care in Lenalidomide-Refractory Multiple Myeloma. Published online June 5, 2023.

15e. 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 Journal. 2013;3(11):e162-e162.

16e. Lentzsch S, O'Sullivan A, Kennedy RC, et al. Combination of bendamustine, lenalidomide, and dexamethasone (BLD) in patients with relapsed or refractory multiple myeloma is feasible and

highly effective: results of phase 1/2 open-label, dose escalation study. Blood. 2012;119(20):4608-4613.

17e. Knop S, Straka C, Haen M, Schwedes R, Hebart H, Einsele H. The efficacy and toxicity of bendamustine in recurrent multiple myeloma after high-dose chemotherapy. Haematologica. 2005;90(9):1287-1288. Accessed April 12, 2024. https://pubmed.ncbi.nlm.nih.gov/16154860/

18e. Michael M, Bruns I, E Bölke, et al. Bendamustine in patients with relapsed or refractory multiple myeloma. European journal of medical research. 2010;15(1):13-13.

19e. Günther A, Massimo Offidani, Engelhardt M, et al. Carfilzomib, bendamustine, and dexamethasone in patients with advanced multiple myeloma: The EMN09 phase 1/2 study of the European Myeloma Network. Cancer. 2021;127(18):3413-3421.

20e. Prime Therapeutics Management. Elrexfio Clinical Literature Review Analysis. Last updated August 2025. Accessed August 2025.

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)

The preceding information is intended for non-Medicare coverage determinations. 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 Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied 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.
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
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
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