

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

# Empliciti (elotuzumab)

CG-DRUG-99

Override	Approval Duration
Prior Authorization	1 year

Medication
Empliciti (elotuzumab)

## APPROVAL CRITERIA

Requests for Empliciti (elotuzumab) may be approved for the treatment of an individual with relapsed or progressive or refractory multiple myeloma, including plasma-cell leukemia, when prior lines of therapy did not include elotuzumab, and one of the following criteria are met:

- I. Empliciti is being used in combination with lenalidomide and dexamethasone; **OR**
- II. Empliciti is being used in combination with bortezomib and dexamethasone.

Empliciti (elotuzumab) may **not** be approved when the above criteria are not met, including but not limited to treatment for a diagnosis other than multiple myeloma or plasma-cell leukemia.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

## Key References:

1. Elotuzumab Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised May 15, 2017. Accessed on March 20, 2018.
2. Elotuzumab (systemic). In: DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated November 16, 2016. Available at: <http://www.micromedexsolutions.com>. Accessed on March 21, 2018.
3. Empliciti™ [Product Information]. Princeton, NJ. Bristol-Myers Squibb Co., Princeton, NJ. November 2017. Available at: [http://packageinserts.bms.com/pi/pi\\_empliciti.pdf](http://packageinserts.bms.com/pi/pi_empliciti.pdf). Accessed on March 21, 2018.

PAGE 1 of 2 07/18/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0210-18

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

4. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on March 20, 2018.
5. NCCN Clinical Practice Guidelines in Oncology®. © 2017 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 21, 2018.
  - Multiple Myeloma (V.4.2018). Revised February 12, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.