

# Empliciti (elotuzumab)

Override	Approval Duration
Prior Authorization	1 year

Medication
Empliciti (elotuzumab)

## **APPROVAL CRITERIA**

Requests for Empliciti (elotuzumab) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed, progressive, or refractory multiple myeloma, including plasma-cell leukemia; **AND**
- II. Disease is relapsed, progressive, or refractory following at least one prior therapy; **AND**
- III. Individual is using in combination with one of the following:
  - A. Lenalidomide and dexamethasone; **OR**
  - B. Bortezomib and dexamethasone (NCCN 2A); **OR**
  - C. Pomalidomide and dexamethasone (in individuals who have received at least two prior therapies including lenalidomide and a proteasome inhibitor).

Requests for Empliciti (elotuzumab) may not be approved when the above criteria are not met and for all other indications.

## **Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 5, 2024.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 5, 2024.
  - a. Multiple Myeloma. V2.2024. Revised November 1, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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