

## SPECIALTY GUIDELINE MANAGEMENT

### EMPLICITI (elotuzumab)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Empliciti is indicated in combination with lenalidomide and dexamethasone for the treatment of patients with multiple myeloma who have received one to three prior therapies.

B. Compendial Uses

Therapy for patients who have received one to three prior therapies for relapse or for progressive or refractory multiple myeloma in combination with bortezomib and dexamethasone

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

Authorization of 12 months may be granted for the treatment of multiple myeloma for members who have received at least one prior therapy.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### IV. REFERENCES

1. Empliciti [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2017.
2. **The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 17, 2017.**
3. The NCCN Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 2.2018) © 2017 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed **October 20, 2017**.