Medication Policy Manual

Policy No: dru453

Topic: Empliciti®, elotuzumab

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Committee Approval Date: July 15, 2016

Next Review Date: July 2017

Effective Date: August 1, 2016

IMPORTANT REMINDER

This Medication Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of Medication Policy is to provide a guide to coverage. Medication Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description

Elotuzumab (Empliciti) is an intravenously administered SLAMF7-directed immunostimulatory monoclonal antibody used in the treatment of relapsed and/or refractory multiple myeloma (MM). Elotuzumab (Empliciti) is administered in combination with lenalidomide (Revlimid) and dexamethasone.

Policy/Criteria

I. Most contracts require prior authorization approval of elotuzumab (Empliciti) prior to coverage. Elotuzumab (Empliciti) may be considered medically necessary when criteria A, B, and C below are met.

A. A diagnosis of relapsed and/or refractory multiple myeloma.

AND

B. At least one prior therapy for multiple myeloma have been ineffective or not tolerated *(see Appendix 1 and 2)*.

AND

C. Elotuzumab (Empliciti) will be administered in combination with lenalidomide (Revlimid) and dexamethasone.

II. Administration, Quantity Limitations, and Authorization Period

A. OmedaRx does not consider elotuzumab (Empliciti) to be a self-administered medication.

B. When prior authorization is approved, elotuzumab (Empliciti) may be authorized in quantities of 10 mg/kg once weekly for the first two 28-day cycles (i.e. 8 doses), followed by 10 mg/kg every two weeks thereafter until disease progression.

C. Authorization may be reviewed at least annually to confirm that current medical necessity criteria are met and that the medication is effective.

III. Elotuzumab (Empliciti) is considered investigational when used for all other conditions.

Position Statement

Summary

- Elotuzumab (Empliciti) is an intravenously administered SLAMF7-directed immunostimulatory monoclonal antibody for the treatment of relapsed and/or refractory multiple myeloma.
- The evidence for efficacy for elotuzumab (Empliciti) comes from a single randomized, open-label trial that demonstrated improvements in progression-free survival (PFS) in patients who had received one to three prior lines of therapy for multiple myeloma. [1]
- PFS is considered a surrogate endpoint in multiple myeloma. It has not been correlated with a clinical benefit.
- The safety and effectiveness of elotuzumab (Empliciti) has only been established when given in combination with lenalidomide (Revlimid) and dexamethasone. There is currently no evidence supporting its use as monotherapy or in combination with other multiple myeloma medications.

- The National Comprehensive Cancer Network (NCCN) Multiple Myeloma guideline lists elotuzumab (Empliciti) in combination with lenalidomide (Revlimid) and dexamethasone as a category 1 recommendation for previously treated multiple myeloma (i.e. patients who have received one to three prior therapies). Other category 1 recommendations for previously treated multiple myeloma include, but are not limited to: bortezomib (Velcade) monotherapy, bortezomib (Velcade)/liposomal doxorubicin (Doxil), pomalidomide (Pomalyst)/dexamethasone, carfilzomib (Kyprolis)/lenalidomide (Revlimid)/dexamethasone, and lenalidomide (Revlimid)/dexamethasone. [2]
- Although there are ongoing studies evaluating elotuzumab (Empliciti) in earlier treatment settings (e.g. front-line) or in combination with other medications for the treatment of multiple myeloma, there is currently no published data demonstrating safety or efficacy in these settings. [3]

Clinical Efficacy

- The efficacy of elotuzumab (Empliciti) is based on a single, randomized, open-label trial in patients who had received one to three prior therapies for multiple myeloma. The median number of prior treatments was two. Bortezomib (Velcade) was the most common prior therapy (70%), followed by melphalan (65%), thalidomide (48%), and lenalidomide (6%).
- Elotuzumab (Empliciti) was administered in combination with lenalidomide (Revlimid) and dexamethasone and was compared to lenalidomide (Revlimid) and dexamethasone alone.
- Efficacy was evaluated based on progression-free survival (PFS). Treatment with elotuzumab (Empliciti) resulted in a 4.5 month PFS advantage compared to lenalidomide (Revlimid) and dexamethasone alone (19.4 months vs 14.9 months, respectively).

Investigational Uses

Although elotuzumab (Empliciti) is being studied in the front-line multiple myeloma setting and in combination with other multiple myeloma medications, there is currently no published evidence supporting its safety or efficacy in these settings. [3]

OmedaRx performs independent analyses of oncology medications. The OmedaRx analysis and coverage policy may differ from NCCN clinical practice guidelines.

Safety [4]

- Elotuzumab (Empliciti) can cause severe infusion reactions. Infusions reactions were reported in approximately 10% of patients treated with elotuzumab (Empliciti) in the randomized trial.
- Of the patients who experienced an infusion reaction, 70% occurred during the first dose.
- Premedication with dexamethasone, antihistamines, and acetaminophen is recommended.

Dosing Schedule [4]

Cycle	28-Day Cycles 1 and 2				28-Day Cycles 3+			
Day of Cycle	**1**	**8**	**15**	**22**	**1**	**8**	**15**	**22**
elotuzumab (Empliciti) (mg/kg) intravenously	10	10	10	10	10		10	
lenalidomide (Revlimid) (25 mg) orally	Days 1-21				Days 1-21			
dexamethasone (mg) orally	28	28	28	28	28	40	28	40

Appendix 1: Classification of Medications used for Multiple Myeloma				
Chemotherapy	**Histone Deacetylase (HDAC) Inhibitors**	**Immunomodulators**	**Monoclonal Antibodies**	**Proteosome Inhibitors**
• cyclophosphamide • doxorubicin • liposomal doxorubicin (Doxil) • melphalan • vincristine	panobinostat (Farydak)	• lenalidomide (Revlimid) • pomalidomide (Pomalyst) • thalidomide (Thalomid)	• daratumumab (Darzalex) • elotuzumab (Empliciti)	• bortezomib (Velcade) • carfilzomib (Kyprolis) • ixazomib (Ninlaro)

Appendix 2: NCCN Category 1 Treatment Options for Multiple Myeloma[a] *(Note: A therapy may consist of a multi-drug regimen)*	
Primary Therapy	
Transplant Candidates	Non-Transplant Candidates
bortezomib/dexamethasone	bortezomib/lenalidomide/dexamethasone
bortezomib/doxorubicin/dexamethasone	lenalidomide/low-dose dexamethasone
bortezomib/lenalidomide[b]/dexamethasone	melphalan/prednisone/bortezomib (MPB)
bortezomib/thalidomide/dexamethasone	melphalan/prednisone/lenalidomide (MPL)
lenalidomide[b]/dexamethasone	melphalan/prednisone/thalidomide (MPT)
Therapy for Previously Treated Multiple Myeloma	
bortezomib	
bortezomib/liposomal doxorubicin	
carfilzomib/lenalidomide/dexamethasone	
elotuzumab/lenalidomide/dexamethasone	
ixazomib/lenalidomide/dexamethasone	
lenalidomide/dexamethasone	
panobinostat/bortezomib/dexamethasone	
pomalidomide/dexamethasone	

[a] Category 1 recommendations listed only. A complete list of treatment options can be found at: http://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf

[b] Optimal dosing of this regimen has not been defined.

Cross References
Darzalex®, daratumumab, Medication Policy Manual, Policy No. 452
Farydak®, panobinostat, Medication Policy Manual, Policy No. 397
Kyprolis®, carfilzomib, Medication Policy Manual, Policy No. 282
Ninlaro®, ixazomib, Medication Policy Manual, Policy No. 455
Pomalyst®, pomalidomide, Medication Policy Manual, Policy No. 293
Revlimid®, lenalidomide, Medication Policy Manual, Policy No. 127
Velcade®, bortezomib, Medication Policy Manual, Policy No. 190

Codes	Number	Description
HCPCS	J9999	Not otherwise classified, antineoplastic agent

References

1. Lonial, S, Dimopoulos, M, Palumbo, A, et al. Elotuzumab Therapy for Relapsed or Refractory Multiple Myeloma. *The New England journal of medicine*. 2015 Aug 13;373(7):621-31. PMID: 26035255
2. NCCN Clinical Practice Guideline in Oncology™. Multiple Myeloma v.3.2016. [cited 1/18/2016]; Available from: http://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf
3. Clinicaltrials.gov. [cited (updated periodically)]; Available from: http://clinicaltrials.gov/
4. Empliciti™ [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; November 2015

Revision History

Revision Date	Revision Summary
7/11/2016	No changes to coverage criteria with this update
3/11/2016	New policy