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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 10/12/2023

Elrexfio™ (elranatamab-bcmm)

HCPCS: J3590

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Prescribed by or in consultation with an oncologist
 - d. Treatment of patients with relapsed or refractory multiple myeloma after at least 4 prior lines of therapy
 - e. Patients must have been treated with all of the following:
 - i. An immunomodulatory agent
 - ii. A proteasome inhibitor
 - iii. An anti-CD38 antibody
 - f. Must have active disease defined by at least one of the following:
 - i. Serum M-protein greater or equal to 1.0 g/dL
 - ii. Urine M-protein greater or equal to 200 mg/24 h
 - iii. Serum free light chain (FLC) assay greater or equal to 10 mg/dL provided the baseline serum FLC ratio is abnormal
 - g. Patients must meet all of the following
 - i. ECOG performance status of 0 - 2
 - ii. No known central nervous system involvement with myeloma
 - iii. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) less than or equal to 3 times the upper limit of normal (ULN)
 - iv. Creatinine clearance greater than or equal to 40 mL/min
 - v. No detectable hepatitis B or C viral load
 - vi. No infection that is uncontrolled or requires IV or long-term oral antimicrobial therapy
 - vii. Left ventricular ejection fraction greater than or equal to 40%
 - viii. No stroke event within 6 months of therapy administration
 - ix. No pulmonary disease requiring oxygen dependence
 - x. No seizures within 6 months of therapy administration
 - xi. No active autoimmune disease except vitiligo, type 1 diabetes mellitus, or prior autoimmune thyroiditis

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- h. Have not received prior treatment with any bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager therapy
 - i. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- A. Quantity Limitations, Authorization Period and Renewal Criteria
- a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
 - c. Renewal Criteria: Treatment may be continued until disease progression or until unacceptable toxicity occurs

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Elrexfio is a bispecific BCMA-directed/CD3 T-cell engager indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.
- Safety and efficacy were evaluated in the MagnetisMM-3 study, a single-arm, multi-center, open-label, phase I/II trial of 123 patients in cohort A and 64 patients in cohort B with relapsed or refractory multiple myeloma who had previously received at least three prior therapies, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. Subjects in cohort A had not received prior BCMA-targeted therapy while those in cohort B had prior BCMA-targeted therapy. The study excluded patients who had stroke or significant cardiovascular disease within the past 6 months, an ECOG performance score of 2 or higher, or active or documented history of autoimmune disease. The primary endpoints were overall response rate (ORR) and duration of response (DoR). In cohort A, the ORR was 58% with an estimated 82% maintaining the response for at least nine months. The median time to first response in cohort A was 1.2 months. In cohort B, the ORR was 33% after a median follow-up of 10.2 months with an estimated 84% maintaining the response for at least nine months. In longer-term efficacy data for cohort A presented at the 2023 European Hematology Association meeting, the objective response rate was 61%, and median duration of response, overall survival, and progression-free survival had not yet been reached at 14.7 months median follow-up. For the responding patients, the probability of maintaining a response at 15 months was 72%. Among responding patients who switched to every-other-week dosing at least 6 months prior to the data cut-off date (n=50), 80% maintained or improved their response after the switch with 38% attaining a complete response or better after the switch.
- Disease should be measured/staged with PET-CT. Focal uptake in nodal and extranodal sites is considered involvement with lymphoma, including spleen, liver, bone, thyroid, and so on. A measurable node must have a longest diameter (LDi) greater than 1.5 cm. A measurable extranodal lesion should have an LDi greater than 1.0 cm. All other lesions (including nodal, extranodal, and assessable disease) should be followed as nonmeasured disease (eg, cutaneous, GI, bone, spleen, liver, kidneys, pleural or pericardial effusions, ascites).
- Due to the risk of cytokine release syndrome and neurological toxicities, the step-up doses of Elrexfio are required to be administered in an inpatient setting.

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- Elrexfio has not been studied when given following prior treatment with Elrexfio or following any other bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager therapy.

References:

1. Elrexfio [prescribing information]. New York, NY: Pfizer Inc.; August 2023.
2. Clinicaltrial.gov. MagnetisMM-3: study of elranatamab (PF-06863135) monotherapy in participants with multiple myeloma who are refractory to at least one PI, one IMiD and one anti-CD38 mAb. Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT04649359>. Accessed on August 16, 2023.
3. Lesokhin AM, Tomasson MH, Arnulf B, et al. Elranatamab in relapsed or refractory multiple myeloma: phase 2 MagnetisMM-3 trial results. Nat Med. 2023 Aug 15. doi: 10.1038/s41591-023-02528-9.
4. National Comprehensive Cancer Network. Multiple myeloma (Version 3.2023). 2022 Dec 8. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed on August 16, 2023.

Policy History												
#	Date	Change Description										
1.1	Effective Date: 06/20/2024	UM medical management system update for BCBS, BCN, MAPPO, and BCNA <table border="1" data-bbox="483 724 1365 934"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>Yes</td> </tr> <tr> <td>BCNA</td> <td>Yes</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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1.0	Effective Date: 10/12/2023	New Policy <table border="1" data-bbox="483 1018 1365 1228"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>No</td> </tr> <tr> <td>BCN</td> <td>No</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.