

ELREXFIO
(elranatamab-bcmm)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory multiple myeloma (MM)

AND ALL of the following:

- a. Patient has received at least 4 prior therapies, including **ALL** of the following:
 - i. Anti-CD38 monoclonal antibody
 - ii. Proteasome inhibitor
 - iii. Immunomodulatory agent
- b. Prescriber is certified with the Elrexfio REMS program
- c. Prescriber agrees to monitor for signs and symptoms of cytokine release syndrome (CRS) and neurologic toxicity
- d. Prescriber agrees to monitor liver enzymes, bilirubin, and complete blood cell counts (CBC) at baseline and during treatment as clinically indicated
- e. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Elrexfio and for 4 months after the last dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory multiple myeloma (MM)



**BlueCross
BlueShield**

Federal Employee Program.

**ELREXFIO
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AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber is certified with the Elrexio REMS program
- c. Prescriber agrees to monitor for signs and symptoms of cytokine release syndrome (CRS) and neurologic toxicity
- d. Prescriber agrees to monitor liver enzymes, bilirubin, and complete blood cell counts (CBC) during treatment as clinically indicated
- e. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Elrexio and for 4 months after the last dose

Prior - Approval *Renewal* Limits

Same as above