
5.21.078

Section:	Prescription Drugs	Effective Date:	July 1, 2024
Subsection:	Antineoplastic Agents	Original Policy Date:	April 22, 2016
Subject:	Evomela	Page:	1 of 5

Last Review Date: June 13, 2024

Evomela

Description

Evomela (melphalan)

Background

Evomela (melphalan) is an intravenous alkylating agent used as a conditioning treatment prior to hematopoietic stem cell transplant (HSCT) in patients with multiple myeloma and for the palliative treatment of patients with multiple myeloma. Evomela inhibits DNA replication and transcription causing cytotoxicity in multiple myeloma. Different formulations of intravenous melphalan are available. Some formulations may contain propylene glycol, which in large amounts can be toxic and have been associated with hyperosmolality, lactic acidosis, seizures, and respiratory depression. Evomela is a propylene glycol-free IV formulation of melphalan (1).

Regulatory Status

FDA-approved indications: Evomela is an alkylating drug indicated for: (1)

1. Use as a high-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation in patients with multiple myeloma
2. The palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate

Evomela has a boxed warning citing the risk of severe bone marrow suppression, hypersensitivity, and leukemogenicity. Severe bone marrow suppression with resulting infection or bleeding may occur. Controlled trials comparing intravenous (IV) melphalan to oral melphalan have shown more myelosuppression with the IV formulation. Monitor complete blood counts. Hypersensitivity reactions, including anaphylaxis, have occurred in approximately 2% of patients who received the IV formulation of melphalan. Discontinue treatment with Evomela for serious hypersensitivity

Section:	Prescription Drugs	Effective Date:	July 1, 2024
Subsection:	Antineoplastic Agents	Original Policy Date:	April 22, 2016
Subject:	Evomela	Page:	2 of 5

reactions. Melphalan produces chromosomal aberrations *in vitro* and *in vivo*. Evomela should be considered potentially leukemogenic in humans (1).

The use of Evomela is contraindicated in patients with a history of serious allergic reaction to melphalan (1).

Evomela can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with Evomela and for 6 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with Evomela and for 3 months after the last dose (1).

Safety and effectiveness of Evomela in pediatric patients less than 18 years of age have not been established (1).

Related policies

Pepaxto

[Policy](#)

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Evomela may be considered **medically necessary** if the conditions indicated below are met.

Evomela may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma – conditioning treatment
 - a. Used prior to hematopoietic progenitor (stem) cell transplantation
2. Multiple myeloma – palliative treatment

Section:	Prescription Drugs	Effective Date:	July 1, 2024
Subsection:	Antineoplastic Agents	Original Policy Date:	April 22, 2016
Subject:	Evomela	Page:	3 of 5

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to generic injectable melphalan
2. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evomela and for 6 months after the last dose
3. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evomela and for 3 months after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Multiple myeloma – palliative treatment

AND the following:

1. **NO** disease progression or unacceptable toxicity

[Policy Guidelines](#)

Pre - PA Allowance

None

Prior - Approval Limits

Duration 3 months

Prior - Approval *Renewal* Limits

Duration 6 months (**Multiple myeloma – palliative treatment only**)

Section:	Prescription Drugs	Effective Date:	July 1, 2024
Subsection:	Antineoplastic Agents	Original Policy Date:	April 22, 2016
Subject:	Evomela	Page:	4 of 5

Rationale

Summary

Evomela (melphalan) is an intravenous alkylating agent used as a conditioning treatment prior to hematopoietic stem cell transplant (HSCT) in patients with multiple myeloma and for the palliative treatment of patients with multiple myeloma. Evomela label includes a boxed warning citing the risk of severe bone marrow suppression, hypersensitivity, and leukemogenicity. Evomela can cause fetal harm when administered to a pregnant woman. Safety and effectiveness of Evomela in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Evomela while maintaining optimal therapeutic outcomes.

References

1. Evomela [package insert]. East Windsor, NJ: Acrotech Biopharma LLC; April 2022.
2. NCCN Drugs & Biologics Compendium[®] Melphalan 2024. National Comprehensive Cancer Network, Inc. Accessed on April 23, 2024.

Policy History

Date	Action
April 2016	Addition to PA
June 2016	Annual review
September 2016	Annual editorial review Removal of inadequate treatment response, intolerance, or contraindication to oral melphalan per SME
June 2017	Annual editorial review
June 2018	Annual editorial review and reference update
June 2019	Annual review
June 2020	Annual review and reference update
March 2021	Annual editorial review
June 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
June 2022	Annual editorial review and reference update. Revised contraception requirement to updated verbiage

5.21.078

Section:	Prescription Drugs	Effective Date:	July 1, 2024
Subsection:	Antineoplastic Agents	Original Policy Date:	April 22, 2016
Subject:	Evomela	Page:	5 of 5

March 2023 Annual review and reference update. Changed policy number to 5.21.078
December 2023 Annual review and reference update
March 2024 Annual review and reference update
June 2024 Annual review and reference update

[Keywords](#)

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 13, 2024 and is effective on July 1, 2024.