

**Besponsa (inotuzumab ozogamicin)
Effective 06/01/19**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Besponsa (inotuzumab ozogamicin) is a CD22-directed antibody-drug conjugate (ADC) indicated for the treatment of relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL) in adults.

Coverage Guidelines

Authorization may be granted for members with a diagnosis of relapsed or refractory Acute Lymphoblastic Leukemia (ALL) when ALL the following criteria are met:

1. Member has B-cell precursor ALL.
2. Member has ONE of the following:
 - a. Both of the following:
 - i. Philadelphia chromosome-positive.
 - ii. Inadequate response or adverse reaction to one tyrosine kinase inhibitor (TKI) for the treatment of ALL (see Appendix A).
 - OR**
 - b. ALL the following:
 - i. Philadelphia chromosome-negative.
 - ii. B-cell precursor ALL
 - iii. Documentation of prior therapy for treatment of ALL with one systemic therapy.

Limitations

1. Initial approvals will be for 12 months.

Appendix

Examples of TKIs

1. Bosutinib



2. Dasatinib
3. Imatinib
4. Nilotinib
5. Ponatinib

References

1. NCCN guidelines version 1.2018: Acute Lymphoblastic Leukemia
2. Besponsa (inotuzumab ozogamicin) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; March 2018
3. Gleevec (imatinib mesylate) tablets [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp.; July 2018
4. Sprycel (dasatinib) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; November 2017
5. Iclusig (ponatinib) [prescribing information]. Cambridge, MA: Ariad Pharmaceuticals Inc; October 2018
6. Bosulif (bosutinib) [prescribing information]. New York, NY: Pfizer, Inc.; October 2018
7. Tasigna (nilotinib) [prescribing information]. East Hanover, NJ: Novartis Pharmaceutical Corp.; July 2018

Review History

02/20/19 – Reviewed

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