

Reference number(s)
2739-A

## SPECIALTY GUIDELINE MANAGEMENT

### LUMOXITI (moxetumomab pasudotox-tdfk)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Lumoxiti is a CD22-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory hairy cell leukemia (HCL) who received at least two prior systemic therapies, including treatment with a purine nucleoside analog (PNA).

##### Limitations of use

Lumoxiti is not recommended in patients with severe renal impairment ( $CrCl \leq 29$  mL/min).

All other indications are considered experimental/investigational and not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

##### **Hairy Cell Leukemia**

Authorization of 6 months may be granted for treatment of relapsed or refractory hairy cell leukemia when all of the following criteria are met:

- A. Member has received at least two prior systemic therapies, including treatment with a purine nucleoside analog.
- B. Member has not previously received 6 or more cycles of treatment with the requested medication.

##### III. CONTINUATION OF THERAPY

Authorization of up to 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when all of the following criteria are met:

- A. Member has not previously received 6 or more cycles of treatment with the requested medication.
- B. Member has not experienced disease progression or an unacceptable toxicity.

##### IV. REFERENCES

1. Lumoxiti [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2019.