

**Besponsa (inotuzumab ozogamicin)**  
**Effective 01/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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 reviewed on a case by case basis for members new to the plan 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. Tassigna (nilotinib) [prescribing information]. East Hanover, NJ: Novartis Pharmaceutical Corp.; July 2018

#### Review History

02/20/2019 – Reviewed

03/18/2020 – Reviewed P&T Mtg

09/21/2022 – Reviewed for Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates. Effective

01/01/2023

