Mass General Brigham
Health Plan

Lumoxiti (moxetumomab pasudotox-tdfk)
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview

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≤29 mL/min).

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

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment of relapsed or refractory hairy cell leukemia as a single agent when all of the following criteria are met:

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

Continuation of Therapy

Authorization may be granted for continued treatment in members requesting reauthorization for an indication listed above when all of the following criteria are met:

1. Member will receive a maximum of 6 cycles with the requested medication.
2. There is no evidence of disease progression or an unacceptable toxicity while on the current regimen.

Limitations

1. Approvals will be granted for 6 months.

References

1. Lumoxiti [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2020.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024