Mass General Brigham
Health Plan

Monjuvi (tafasitamab-cxix)
Effective 04/01/2021

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
B-cell lymphomas are clonal tumors of mature and immature B cells that constitute the majority of non-Hodgkin lymphomas. Non-Hodgkin lymphoma usually originates in the lymphoid tissues and can spread to other organs.

Monjuvi, in combination with lenalidomide, is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with Monjuvi excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) including DLBCL arising from low grade lymphoma
2. The member meets ALL the following criteria:
    a. The member is not eligible for an autologous stem cell transplant
    b. The requested medication will be used in combination with lenalidomide for up to a maximum of 12 cycles
    c. The B-cells must be CD19-positive as confirmed by testing or analysis

<u>Continuation of Therapy</u>
Reauthorization may be granted when provider documents there is no evidence of unacceptable toxicity or disease progression while on the current regimen and if the member has completed 12 cycles, the requested drug will be used as monotherapy.

Limitations

1. Initial approvals and reauthorizations will be for 12 months.

References

1. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/b-cell-lymphoma
2. Mohammad Muhsin Chisti, M. (2020, December 07). B-Cell Lymphoma. Retrieved February 01, 2021, from https://emedicine.medscape.com/article/202677-overview

Review History

3/17/2021 – Created and Reviewed at March P&T. Effective 4/1/21
9/21/2022 – Reviewed at Sept P&T; Separated out Comm/Exch vs MH policy; no clinical updates.