

Monjuvi (tafasitamab-cxix)
Effective 05/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled through 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

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. Member \geq 18 years of age
3. Prescriber is an oncologist or hematologist
4. Appropriate dosing
5. ONE of the following:
 - a. Paid claims or physician attestation of inadequate response or adverse reaction to ONE systemic therapy (see appendix for examples of chemotherapy regimens)
 - b. Contraindication to ALL systemic therapies

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be for 6 months.

Appendix

Examples of Systemic Therapies for DLBCL

Below are some examples of regimens used in the treatment of DLBCL. Please note that this is not an all-inclusive list. If the request includes a multi-agent chemotherapy regimen not listed here and there is evidence that it is used in DLBCL treatment, then that can be counted towards one systemic therapy trial.

- Bendamustine ± rituximab
- Brentuximab vedotin
- CEPP (cyclophosphamide, etoposide, prednisone, procarbazine) ± rituximab
- CEOP (cyclophosphamide, etoposide, vincristine, prednisone) ± rituximab
- DA-EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab
- DHAX (dexamethasone, cytarabine, oxaliplatin) ± rituximab
- EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin) ± rituximab
- GDP (gemcitabine, dexamethasone, cisplatin) ± rituximab or (gemcitabine, dexamethasone, carboplatin) ± rituximab
- Gemcitabine, vinorelbine ± rituximab
- GemOx (gemcitabine, oxaliplatin) ± rituximab
- Ibrutinib
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Lenalidomide ± rituximab
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- RCDOP (rituximab, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone)
- RCEOP (rituximab, cyclophosphamide, etoposide, vincristine, prednisone)
- RCEPP (rituximab, cyclophosphamide, etoposide, prednisone, procarbazine)
- RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)
- RGCVP (rituximab, gemcitabine, cyclophosphamide, vincristine, prednisolone)
- Rituximab

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.

4/12/23 – Reviewed and updated for P&T. Added age requirement, prescriber specialty, and trial of one systemic therapy. Added appendix of examples of systemic therapies for DLBCL. Effective 5/1/23.

