

Lymphoma and Leukemia Agents
Monjuvi (tafasitamab-cxix)
Effective 06/01/2025

Plan	<input checked="" type="checkbox"/> MassHealth <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 type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Monjuvi is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

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 on a case by case basis for members who are new to the plan currently receiving treatment with requested medication 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:

1. Member has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) including DLBCL arising from low grade lymphoma
2. Member ≥ 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>
3. Monjuvi® [prescribing information]. Boston (MA): Incyte; 2023 Jun.

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.

05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Effective 6/1/25

