

Lumoxiti (moxetumomab pasudotox-tdfk)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Lumoxiti (moxetumomab pasudotox-tdfk)

APPROVAL CRITERIA

Requests for Lumoxiti (moxetumomab pasudotox-tdfk) may be approved if the following criteria are met:

- I. Individual has a diagnosis of relapsed or refractory hairy cell leukemia (HCL); **AND**
- II. Individual has received at least two prior systemic therapies, including treatment with a purine nucleoside analog (PNA).

Lumoxiti (moxetumomab pasudotox-tdfk) may not be approved for the following:

- I. All other indications not included above; **OR**
- II. Individuals with severe renal impairment ($\text{CrCl} \leq 29 \text{ mL/min}$).

Note: Lumoxiti has a black box warning for capillary leak syndrome and hemolytic uremic syndrome.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 15, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 15, 2020.
 - a. Hairy Cell Leukemia. V1.2020. Revised August 23, 2019.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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