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 (CrCl ≤ 29 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.