

## SPECIALTY GUIDELINE MANAGEMENT

### LUMOXITI (moxetumomab pasudotox-tdfk)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### A. FDA-Approved Indication

Lumoxiti is indicated for the treatment of adult patients with relapsed or refractory hairy cell leukemia (HCL) who received at least two prior systemic therapies, including treatment with a purine nucleoside analog (PNA).

###### Limitations of use

Lumoxiti is not recommended in patients with severe renal impairment ( $\text{CrCl} \leq 29 \text{ mL/min}$ ).

###### B. Compendial Uses

Hairy cell leukemia

All other indications are considered experimental/investigational and not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

###### **Hairy Cell Leukemia**

Authorization of 6 months may be granted for treatment of relapsed or refractory hairy cell leukemia as a single agent when all of the following criteria are met:

- A. Member has received at least two prior systemic therapies, including treatment with a purine nucleoside analog.
- B. Member has not previously received 6 or more cycles of treatment with the requested medication.

##### III. CONTINUATION OF THERAPY

Authorization of up to 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when all of the following criteria are met:

- A. Member will receive a maximum of 6 cycles with the requested medication.
- B. There is no evidence of disease progression or an unacceptable toxicity while on the current regimen.

##### IV. REFERENCES

1. Lumoxiti [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2022.
2. The NCCN Drugs & Biologics Compendium 2022 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed May 31, 2022.