

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

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. Individuals with severe renal impairment (CrCl \leq 29 mL/min).

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

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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New Program Date 11/30/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0301-18

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Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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