Clinical Policy: Inotuzumab Ozogamicin (Besponsa)

Reference Number: PA.CP.PHAR.359
Effective Date: 09.26.17
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Description
Inotuzumab ozogamicin (Besponsa™) is a CD22-directed antibody-drug conjugate.

FDA Approved Indication(s)
Besponsa is indicated for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness that Besponsa is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. B-Cell Precursor Acute Lymphoblastic Leukemia (must meet all)**:**

1. Diagnosis of relapsed or refractory B-cell ALL;
2. Age ≥ 18 years;
3. Prescribed by or in consultation with an oncologist;
4. B-cell ALL is CD22 positive;
5. B-cell ALL Philadelphia chromosome status meets (a or b):
   a. Philadelphia chromosome-negative;
   b. Philadelphia chromosome-positive and intolerant or refractory to tyrosine kinase inhibitor therapy (e.g., imatinib, dasatinib, nilotinib, bosutinib, ponatinib);
6. Besponsa is prescribed as single-agent therapy;
7. Dose does not exceed 1.8 mg/m^2 per cycle (0.8 mg/m^2 per dose).

Approval duration: Up to 6 cycles total

B. Other diagnoses/indications

1. Refer to PA.CP.PHAR.57 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. B-Cell Precursor Acute Lymphoblastic Leukemia (must meet all)**:**

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member has not received ≥ 6 cycles of Besponsa;
3. If request is for a dose increase, new dose does not exceed 1.8 mg/m^2 per cycle (0.8 mg/m^2 per dose).

Approval duration: Up to 6 cycles total

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to PA.CP.PHAR.57 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PHAR.57 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALL: acute lymphoblastic leukemia
CR: complete remission
CRi: complete remission with incomplete hematologic recovery
HSCT: hematopoietic stem cell transplant

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
B-cell ALL	*Pre-medication is recommended before each dose.* If proceeding to hematopoietic stem cell transplant (HSCT): • The recommended duration of treatment with Besponsa is 2 cycles. A third cycle may be considered for those patients who do not achieve a complete remission* (CR) or complete remission with incomplete hematologic recovery* (CRi) and minimal residual disease negativity after 2 cycles. If not proceeding to HSCT: • Additional cycles of treatment, up to a maximum of 6 cycles, may be administered. ***Cycle details:*** • For the first cycle: o The recommended total dose of Besponsa for all patients is 1.8 mg/m^2 per cycle, administered as 3 divided doses on Day 1 (0.8 mg/m^2), Day 8 (0.5 mg/m^2), and Day 15 (0.5 mg/m^2). Cycle 1 is 3 weeks in duration, but may be extended to 4 weeks if the patient achieves CR or CRi, and/or to allow recovery from toxicity. • For subsequent cycles: o In patients who achieve a CR or CRi, the recommended total dose of Besponsa is 1.5 mg/m^2 per cycle,	1.8 mg/m^2 per cycle (0.8 mg/m^2 per dose)

Indication	Dosing Regimen	Maximum Dose
	administered as 3 divided doses on Day 1 (0.5 mg/m^2), Day 8 (0.5 mg/m^2), and Day 15 (0.5 mg/m^2). Subsequent cycles are 4 weeks in duration. OR o In patients who do not achieve a CR or CRi, the recommended total dose of Besponsa is 1.8 mg/m^2 per cycle given as 3 divided doses on Day 1 (0.8 mg/m^2), Day 8 (0.5 mg/m^2), and Day 15 (0.5 mg/m^2). Subsequent cycles are 4 weeks in duration. o Patients who do not achieve a CR or CRi within 3 cycles should discontinue treatment.	

**CR (complete remission) is defined as < 5% blasts in the bone marrow and the absence of peripheral blood leukemic blasts, full recovery of peripheral blood counts (platelets ≥ 100 × 10^9/L and absolute neutrophil counts [ANC] ≥ 1 × 10^9/L) and resolution of any extramedullary disease.*
**CRi (complete remission with incomplete hematologic recovery) is defined as < 5% blasts in the bone marrow and the absence of peripheral blood leukemic blasts, incomplete recovery of peripheral blood counts (platelets < 100 × 10^9/L and/or ANC < 1 × 10^9/L) and resolution of any extramedullary disease.*

VI. Product Availability

Single-dose vial, powder for reconstitution: 0.9 mg

VII. References

1. Besponsa prescribing information. Philadelphia, PA: Wyeth Pharmaceuticals, Inc. August 2017. Available at http://labeling.pfizer.com/ShowLabeling.aspx?id=9503. Accessed September 2017.
2. Acute lymphoblastic leukemia (Version 3.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed September 2017.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New Policy Created	07/31/18	
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/30/19	