

Moxetumomab pasudotox-tdfk (Lumoxiti®)

Place of Service
Office Administration
Infusion Center Administration
Outpatient Facility Administration

HCPCS: J9313 per 0.01 mg

Condition listed in policy (see criteria for details)

- [Hairy cell leukemia](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: CD22-directed cytotoxin

(1) Special Instructions and pertinent Information

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for moxetumomab pasudotox-tdfk (Lumoxiti®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Hairy cell leukemia (HCL)

1. Disease is relapsed or refractory, **AND**
2. Patient has received prior systemic therapy for HCL, **AND**
3. Being used as a single agent

Covered Dose

Up to 0.04 mg/kg IV on Days 1, 3, and 5 of each 28-day cycle

Coverage Period

Up to a maximum of six cycles (18 doses)

ICD-10:

C91.40, C91.42

(3) The following condition(s) **DO NOT** require Prior Authorization/Preservice

All requests for moxetumomab pasudotox-tdfk (Lumoxiti™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 1 mg lyophilized cake or powder in a single-dose vial for reconstitution

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Lumoxiti® (moxetumomab pasudotox-tdfk) [Prescribing information]. Rockville, MD: Innate Pharma Inc.; 4/2020.
- National Comprehensive Cancer Network. Hairy Cell Leukemia (Version 1.2023). Available at: www.nccn.org.

(7) Policy Update

Date of last review: 4Q2022

Date of next review: 4Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*