



Drug Policy:

Monjuvi™ (tafasitamab-cxix)

POLICY NUMBER UM ONC_1412	SUBJECT Monjuvi™ (tafasitamab-cxix)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 09/09/20, 09/08/21, 11/15/21, 02/09/22, 04/13/22, 05/11/22, 07/13/22, 06/14/23	APPROVAL DATE June 14, 2023	EFFECTIVE DATE June 30, 2023	COMMITTEE APPROVAL DATES 09/09/20, 09/08/21, 11/15/21, 02/09/22, 04/13/22, 05/11/22, 07/13/22, 06/14/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Monjuvi (tafasitamab-cxix) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Diffuse Large B Cell Lymphoma (DLBCL)

1. Monjuvi (tafasitamab-cxix) may be used in combination with Revlimid (lenalidomide) up to 12 cycles with further continuation as monotherapy for members with all the following:
 - a. CD-19 expression on lymphoma cells confirmed by any standard test AND
 - b. Relapsed/refractory DLBCL (including transformation from an indolent lymphoma) who are not candidates for a stem cell transplant or have failed a prior stem cell transplant AND
 - c. Receipt of 1-3 prior regimens including a chemoimmunotherapy regimen containing an anti- CD20-targeted therapy (e.g., rituximab, obinituzumab).

III. EXCLUSION CRITERIA

- A. Monjuvi (tafasitamab-cxix) is being used on or after disease progression with the same regimen
- B. Lack of confirmed documentation of CD19 expression on lymphoma cells confirmed by any standard test.
- C. Dosing exceeds single dose limit of Monjuvi (tafasitamab-cxix) 12 mg/kg.
- D. Treatment exceeds the maximum months duration limit of 12 cycles (when used in combination with lenalidomide).
- E. Investigational use of Monjuvi (tafasitamab-cxix) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
 6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
 7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. Salles G, et al. Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study. *Lancet Oncol.* 2020 Jul;21(7):978-988.
- B. Duell J, et al. Long-term outcomes from the Phase II L-MIND study of tafasitamab (MOR208) plus lenalidomide in patients with relapsed or refractory diffuse large B-cell lymphoma. *Haematologica.* 2021 Sep 1;106(9):2417-2426.
- C. Nowakowski et al. ASH 2021, abstract 183. Observational, retrospective Cohort Study in Relapsed/Refractory Diffuse Large B-Cell Lymphoma
- D. Monjuvi prescribing information. MorphoSys US Inc. Boston, MA 2022.
- E. Clinical Pharmacology Elsevier Gold Standard 2023.
- F. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.
- G. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics
- H. Compendium 2023.
- I. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer
- J. Lexi-Drugs. Bethesda, MD 2023.
- K. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol.* 2014 Apr 20;32(12):1277-80.
- L. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
- M. NCQA UM 2023 Standards and Elements.