

Besponsa (Inotuzumab Ozogamicin)

Drug names

1. Besponsa
2. Inotuzumab ozogamicin

Description

Besponsa (inotuzumab ozogamicin) is used to treat a type of blood cancer which affects B cells (a type of white blood cells) called B-cell precursor acute lymphoblastic leukemia (ALL). It is used on its own in adults whose cancer has come back or did not respond to previous treatment.

Besponsa is only used in patients with CD22-positive B-cell precursor ALL. This means that patients' have a particular protein (CD22) on the surface of their white blood cells. In patients who have a type of chromosome known as Philadelphia-chromosome, treatment with a cancer medicine called a tyrosine kinase inhibitor should have been tried before starting Besponsa.

It is administered by intravenous (IV) infusion.

Commercial

A Pharmacy Clinical Guideline, *Besponsa (inotuzumab ozogamicin)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - **Important:** Check policy for limits or exclusions.
 - **ER or inpatient hospital POS:** PA is not required.
 - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Besponsa (Inotuzumab Ozogamicin), Continued

Government Programs

Refer to the table below.

| Plan | Coverage |
|---|---|
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none"> Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare is the primary payer. Follows Medicare guidelines. If no Medicare eligibility, Medicaid applies. Refer to Medicaid below. |
| AccessAbility Enhanced (SNBC SNP), DUAL (MSHO) | <ul style="list-style-type: none"> A Pharmacy Clinical Guideline, <i>Besponsa (inotuzumab ozogamicin)</i>, is on Magellan Rx Management. Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> Important: Check policy for limits or exclusions. ER or inpatient POS: PA is not required. Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medica is the only payer. |

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Besponsa (Inotuzumab Ozogamicin), Continued

Government Programs, continued

| Plan | Coverage |
|-----------|--|
| Advantage | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Besponsa (inotuzumab ozogamicin)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing. – Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer. |

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Besponsa (Inotuzumab Ozogamicin), Continued

Government Programs, continued

| Plan | Coverage |
|-------------------------------|--|
| Advantage PartnerCare (I-SNP) | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Besponsa (inotuzumab ozogamicin)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> – Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC. Copays depend on place of service. – Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer. |
| Medicaid (SPP) | <ul style="list-style-type: none"> • A Pharmacy Clinical Guideline, <i>Besponsa (inotuzumab ozogamicin)</i>, is on Magellan Rx Management. • Requires prior authorization through Magellan. Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. – ER or inpatient POS: PA is not required. – Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |

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Besponsa (Inotuzumab Ozogamicin), Continued

Government Programs, continued

| Plan | Coverage |
|-------------------|--|
| Prime | <ul style="list-style-type: none"> Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> Drug administration: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing. Injection (J-code): Covered under <i>Part B Prescription Drugs</i> in the EOC. Follows Medicare guidelines. Provider must bill per Medicare Product Grid. Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits. |
| Select, Signature | <ul style="list-style-type: none"> Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. Medicare supplement. Medicare is the primary payer. Follows Medicare guidelines. |

Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Besponsa (inotuzumab ozogamicin)*, is on [Magellan Rx Management](#).

- Requires prior authorization through Magellan.** Refer to *Review Criteria*.
 - Important:** Check policy for limits or exclusions.
 - ER or inpatient hospital POS:** PA is not required.
 - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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Besponsa (Inotuzumab Ozogamicin), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

| Employer | Coverage |
|-------------------|--|
| Mayo Medical Plan | <ul style="list-style-type: none">• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |
| All others | <ul style="list-style-type: none">• A Pharmacy Clinical Guideline, <i>Besponsa (inotuzumab ozogamicin)</i>, is on Magellan Rx Management.• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i><ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. |

National Account Member Services (NAMS)

A Medical Policy, *Oncology Medication Clinical Coverage Policy*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs Received in a Physician's Office - NAMS](#) for special dispensing requirements.

Document history

Document history outlined below.

| Date | Description |
|----------|--------------------------|
| 12.26.19 | Updated to new template. |
| 3.31.19 | Updated to new template. |

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Besponsa (Inotuzumab Ozogamicin), Continued

Applicability

| | | |
|---|-----------------------|-------------|
| Business Segments | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC | | |
| Specific Clients/Products | | |
| <input checked="" type="checkbox"/> All <input type="checkbox"/> Other: | | |
| System | | |
| <input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other: | | |
| Departments | | |
| <input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other: | | |
| Approved By | Document Owner | Date |
| A-Z Review Team | KNTWs | 11.21.17 |
