Reference number(s)
2265-A

Standard Medicare Part B Management Besponsa

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Besponsa	inotuzumab ozogamicin

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

Besponsa is indicated for the treatment of relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL) in adult and pediatric patients 1 year and older.

Compendial Uses[2-4]

- Pediatric Acute Lymphoblastic Leukemia (ALL)
- ALL – frontline/consolidation therapy
- Lymphoblastic lymphoma

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Documentation

Submission of testing or analysis confirming CD22 protein on the surface of the B-cell is necessary to initiate the prior authorization review for applicable indications as outlined in the coverage criteria section.

Coverage Criteria

Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic lymphoma[1-4]

Authorization of 12 months may be granted for treatment of ALL/lymphoblastic lymphoma as frontline (induction/consolidation) therapy when all of the following criteria are met:

- Member has B-cell precursor ALL/lymphoblastic lymphoma.
- The tumor is CD22-positive as confirmed by testing or analysis to identify the CD22 protein on the surface of the B-cell.
- Member has Philadelphia chromosome-negative disease.
- Member meets one of the following criteria:
    - The requested medication will be used in combination with mini-hyper-CVD (mini-hyperfractionated cyclophosphamide, vincristine, dexamethasone, methotrexate, and cytarabine) with or without blinatumomab.
    - The requested medication will be used as single agent therapy or in combination with dexamethasone.
- Member will not receive more than 6 treatment cycles of the requested medication.

Authorization of 12 months may be granted for treatment of relapsed or refractory ALL/lymphoblastic lymphoma when all of the following criteria are met:

- Member has B-cell precursor ALL/lymphoblastic lymphoma.
- The tumor is CD22-positive as confirmed by testing or analysis to identify the CD22 protein on the surface of the B-cell.
- Member meets one of the following criteria:
    - Member has Philadelphia chromosome-positive disease.
    - Member has Philadelphia chromosome-negative disease.
- Member meets one of the following criteria:
    - The requested medication will be used as a single agent.
    - The requested medication will be used in combination with a tyrosine kinase inhibitor for Philadelphia chromosome-positive disease (e.g., imatinib, dasatinib, nilotinib, bosutinib, ponatinib).

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

  - The requested medication will be used in combination with mini-hyper-CVD (mini-hyperfractionated cyclophosphamide, vincristine, dexamethasone, methotrexate, and cytarabine) with or without blinatumomab.
  - The requested medication will be used as single agent therapy or in combination with dexamethasone.
- Member will not receive more than 6 treatment cycles of the requested drug.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
  - No evidence of unacceptable toxicity while on the current regimen AND
  - No evidence of disease progression while on the current regimen.
- Member has not/will not receive more than 6 treatment cycles of the requested medication.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Besponsa
- The available compendium
  - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
  - Micromedex DrugDex
  - American Hospital Formulary Service- Drug Information (AHFS-DI)
  - Lexi-Drugs
  - Clinical Pharmacology
- NCCN Guideline: Pediatric acute lymphoblastic leukemia
- NCCN Guideline: Acute lymphoblastic leukemia

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Besponsa are covered in addition to pediatric acute lymphoblastic leukemia and for frontline/consolidation therapy of acute lymphoblastic leukemia.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Besponsa to treat acute lymphoblastic leukemia can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Besponsa to treat lymphoblastic lymphoma can be found in the NCCN clinical practice guidelines in oncology for acute lymphoblastic leukemia. Use of information in the NCCN clinical practice guidelines in oncology for off-label use of drugs and biologics in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

References

1. Besponsa [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC, Inc.; March 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed June 12, 2025.
3. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Pediatric Acute Lymphoblastic Leukemia. Version 3.2025.Available at: https://nccn.org. Accessed June 12, 2025.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Acute Lymphoblastic Leukemia. Version 2.2025.Available at: https://nccn.org. Accessed September 29, 2025.

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.