



Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following

Relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL)

AND ALL of the following:

1. Age 18+ **only**: if Philadelphia chromosome-positive (Ph+), patient must have failed treatment with at least **ONE** tyrosine kinase inhibitor and standard chemotherapy
2. Prescriber agrees to obtain ALT, AST, total bilirubin, and alkaline phosphatase prior to and following each dose of Besponsa
3. Prescriber agrees to monitor for signs and symptoms of hepatic veno-occlusive disease during treatment of Besponsa
4. Prescriber agrees **NOT** to add HSCT conditioning regimens containing alkylating agents

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL)



**BlueCross
BlueShield**

Federal Employee Program

**BESPONSA
(inotuzumab ozogamicin)**

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicities
2. Prescriber agrees to obtain ALT, AST, total bilirubin, and alkaline phosphatase prior to and following each dose of Besponsa
3. Prescriber agrees to monitor for signs and symptoms of hepatic veno-occlusive disease during treatment of Besponsa
4. Prescriber agrees **NOT** to add HSCT conditioning regimens containing alkylating agents

Prior - Approval *Renewal* Limits

Duration 6 months