Monjuvi (tafasitamab-cxix)
PAM – 055

Iowa Medicaid Program	Prior Authorization	**Effective Date**	04/01/2021
Revision Number	4	**Last Reviewed**	07/17/2026
Reviewed By	Medicaid Medical Director	**Next Review**	07/16/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	07/21/2023

Overview

Medication: [1]	tafasitamab-cxix
Brand Name:	Monjuvi®
Pharmacologic Category:	Antineoplastic; CD19-directed cytolytic antibody
FDA-Approved Indications:	1. Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL): Indicated in combination with lenalidomide for the treatment of adult patients with relapsed or refractory DLBCL not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant. ➢ Accelerated Approval: This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s). 2. Relapsed or Refractory Follicular Lymphoma (FL) Indicated in combination with lenalidomide and rituximab for the treatment of adult patients with relapsed or refractory FL. ➢ Limitations of Use: Not indicated and is not recommended for the treatment of patients with relapsed or refractory marginal zone lymphoma outside of controlled clinical trials. ▶ **NEW** indication: FDA-approved 6/18/2025
How Supplied:	Single-dose vial containing 200 mg of lyophilized powder
Dosage and Administration:	• Administer Monjuvi® as an intravenous infusion; do not co-administer other drugs through the same infusion line. • Monjuvi® should be administered by a healthcare professional with immediate access to emergency equipment and appropriate medical support to manage infusion-related reactions.
Diffuse Large B-Cell Lymphoma (DLBCL)	• Administer in combination with lenalidomide 25 mg for a maximum of 12 cycles, then continue as monotherapy until disease progression or unacceptable toxicity. • Monjuvi® dose is based on actual body weight.

Cycle (28-day cycle)	Days	Monjuvi® Dose
Cycle 1	Days 1, 4, 8, 15, and 22	12 mg/kg
Cycles 2 and 3	Days 1, 8, 15, and 22	12 mg/kg
Cycle 4 and beyond	Days 1 and 15 of cycle	12 mg/kg

Follicular Lymphoma	• Administer in combination with lenalidomide 20 mg (days 1-21 in Cycles 1-12) and rituximab 375 mg/m2 (Cycles 1-5). • Monjuvi® dose is based on actual body weight.

Cycle (28-day cycle)	Days	Monjuvi® Dose
Cycles 1 to 3	Days 1, 8, 15, and 22	12 mg/kg
Cycles 4 to 12	Days 1 and 15 of cycle	12 mg/kg

Benefit Category: Medical

Descriptive Narrative

Diffuse Large B-Cell Lymphoma (DLBCL)

Diffuse large B-cell lymphoma (DLBCL) is the most common histologic category of non-Hodgkin lymphoma (NHL), accounting for approximately 25 percent of all NHL cases in the developed world. In the United States, the incidence of DLBCL is approximately 7 cases per 100,000 persons per year. Incidence varies by ethnicity, with White Americans having higher rates than Black, Asian, and American Indian or Alaska Native individuals, in order of decreasing incidence. Like most other NHLs, there is a male predominance with approximately 55 percent of cases occurring in men. Incidence increases with age; in the United States, the median age at presentation is 64 years.[2]

Follicular Lymphoma (FL)

Follicular lymphoma (FL) is the second most common type of non-Hodgkin lymphoma (NHL). The vast majority of patients treated for FL will have an initial response to therapy, with 40 to above 80 percent demonstrating a complete response, depending on the initial regimen used. However, conventional therapy for FL is not curative, and most patients will ultimately develop progressive disease within 24 months of initial chemoimmunotherapy, and a small percentage will not respond to treatment (i.e., refractory disease).[3]

In the United States as a whole, FL accounts for approximately 35 percent of NHLs and has an estimated incidence of 3.18 cases per 100,000 people. The incidence is stable over time, but varies, with the incidence in White populations being more than twice that in African and Asian populations. The incidence increases with age; FL most frequently presents in middle-aged individuals and older adults; the median age at diagnosis is 65 years. Rarely, FL arises in children or adolescents.[4]

Guidelines

The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology document evidence-based, consensus-driven management to ensure that all patients receive preventive, diagnostic, treatment, and supportive services that are most likely to lead to optimal outcomes. The guidelines are developed and updated by 63 individual panels, comprising over 1,900 clinicians and oncology researchers from the 33 NCCN Member Institutions. The categories for recommendations are based on both the level of clinical evidence available and the degree of consensus within the NCCN Guidelines Panel.

The library of NCCN Guidelines® currently apply to more than 97 percent of people living with cancer or anyone at risk for a diagnosis of cancer in the United States. The guidelines incorporate real-time updates in keeping with the rapid advancements in the field of cancer research and management and are intended to assist all individuals who impact decision-making in cancer care, including physicians, nurses, pharmacists, payers, patients and their families, and others.

The NCCN Guidelines® provide recommendations based on the best evidence available at the time they are derived. Because new data are published continuously, it is essential that the NCCN Guidelines also be continuously updated and revised* to reflect new data and clinical information that may add to or alter current clinical practice standards.[5,6]

The information referenced at the time of this policy writing/revision (note version number and effective date) is from the NCCN Guidelines® for:[7]

- B-Cell Lymphomas (v.4.2026 – May 20, 2026)

NCCN Guidelines® Recommendation(s)

(1) Diffuse Large B-Cell Lymphoma
  a. Second-Line Therapy (Relapsed Disease < 12 Months or Primary Refractory Disease) [a]
    i. Non-Candidates for CAR T-Cell Therapy
      1. Lenalidomide + Tafasitamab-cxix [b] (excluding primary refractory disease): Category 2A, Preferred Regimen
  b. Second-Line Therapy (Relapsed Disease > 12 Months) [a]
    i. No Intention to Proceed to Transplant
      1. Lenalidomide + Tafasitamab-cxix [b]: Category 2A, Preferred Regimen

(2) Histologic Transformation of Indolent Lymphomas to DLBCL
  a. No Intention to Proceed to Transplant and Previously Treated with Anthracycline-Based Regimen
    i. Lenalidomide + Tafasitamab-cxix [b]: Category 2A, Preferred Regimen

(3) Classic Follicular Lymphoma
  a. Second-Line Therapy [a]
    i. Lenalidomide + Rituximab + Tafasitamab-cxix [b] (≥ 1 prior systemic therapy, including an anti-CD20 monoclonal antibody): Category 1, Preferred Regimen

[a] Generally, a first-line regimen is not repeated.
[b] It is unclear if tafasitamab-cxix or loncastuximab tesirine-lpyl or if any other CD19–directed therapy would have a negative impact on the efficacy of subsequent anti-CD19 CAR T-cell therapy.

NCCN Categories of Evidence and Consensus (all recommendations are category 2A unless otherwise indicated)	
Category 1	Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A	Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B	Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3	Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

NCCN Categories of Preference (all recommendations are considered appropriate)	
Preferred intervention	Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.
Other recommended intervention	Other interventions that may be somewhat less efficacious, more toxic, or based on less mature data; or significantly less affordable for similar outcomes.
Useful in certain circumstances	Other interventions that may be used for select patient populations (defined with recommendation).

Eastern Cooperative Oncology Group (ECOG) Performance Status Scale [8]

Developed by the Eastern Cooperative Oncology Group (ECOG), now part of the ECOG-ACRIN Cancer Research Group, and published in 1982, the ECOG Performance Status Scale describes a patient's level of functioning in terms of their ability to care for themselves, daily activity, and physical ability (walking, working, etc.). It is used by doctors and researchers to assess how a patient's disease is progressing, how the disease affects the daily living abilities of the patient, and to determine appropriate treatment and prognosis.

Grade	**ECOG Performance Status [Synonyms: WHO/Zubrod score]**
0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours.
3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.
4	Completely disabled; cannot carry on any self-care; totally confined to bed or chair.
5	Dead.

Criteria

Prior authorization is required.

Diffuse Large B-Cell Lymphoma (DLBCL)

Monjuvi® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of diffuse large B-cell lymphoma (DLBCL), including DLBCL arising from low grade lymphoma; **AND**
2. Disease is relapsed or refractory (r/r) following one to three prior lines of therapy (including a CD20-targeted therapy, e.g., rituximab); **AND**
3. Member is not a candidate for autologous stem-cell transplantation; **AND**
4. Member has an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0, 1, or 2; **AND**
5. Member is 18 years of age or older; **AND**
6. Prescribed by, or in consultation with, an oncologist or hematologist; **AND**
7. Prescribed in combination with lenalidomide* for a maximum of 12 cycles, then as monotherapy until disease progression or unacceptable toxicity; **AND**
8. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 12 mg/kg (on a 28-day cycle) as follows: Cycle 1 (Days 1, 4, 8, 15, and 22); Cycles 2 and 3 (Days 1, 8, 15, and 22); and Cycle 4 and beyond (Days 1 and 15); or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Monjuvi® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile; **AND**
3. Prescribed by, or in consultation with, an oncologist or hematologist; **AND**
4. Prescribed in combination with lenalidomide* for a maximum of 12 cycles, then as monotherapy until disease progression or unacceptable toxicity; **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 12 mg/kg (on a 28-day cycle) as follows: Cycle 4 and beyond (Days 1 and 15); or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

* Lenalidomide may require a separate pharmacy prior authorization [see Iowa Medicaid preferred drug list (PDL) for more information].

Follicular Lymphoma (FL)

Monjuvi® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of follicular lymphoma (FL); **AND**
2. Disease is relapsed or refractory (r/r); **AND**
3. Member does not have relapsed or refractory marginal zone lymphoma#; **AND**
4. Member has an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0, 1, or 2; **AND**
5. Member is 18 years of age or older; **AND**
6. Prescribed by, or in consultation with, an oncologist or hematologist; **AND**
7. Prescribed in combination with lenalidomide* and rituximab for a maximum of 12 cycles (rituximab given only with cycles 1 to 5); **AND**
8. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 12 mg/kg (on a 28-day cycle) as follows: Cycles 1 to 3 (Days 1, 8, 15, and 22); Cycles 4 to 12 (Days 1 and 15); or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Monjuvi® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile; **AND**
3. Prescribed by, or in consultation with, an oncologist or hematologist; **AND**
4. Prescribed in combination with lenalidomide* and rituximab for a maximum of 12 cycles (rituximab given only with cycles 1 to 5); **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 12 mg/kg (on a 28-day cycle) as follows: Cycles 4 to 12 (Days 1 and 15); or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

MONJUVI is not indicated and is not recommended for the treatment of patients with relapsed or refractory marginal zone lymphoma outside of controlled clinical trials.

* Lenalidomide may require a separate pharmacy prior authorization [see Iowa Medicaid preferred drug list (PDL) for more information].

Approval Duration and Quantity Limits

	Auth. Period	Quantity Limits	Approval Duration
Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)	Initial	12 mg/kg per dose (28-day cycle) • Cycle 1: Days 1, 4, 8, 15, 22 • Cycles 2&3: Days 1, 8, 15, 22 • Cycle 4 & beyond: Days 1 & 15	6 months
	Subsequent	12 mg/kg per dose (28-day cycle) • Cycle 4 & beyond: Days 1 & 15	12 months
Relapsed or Refractory Follicular Lymphoma (FL)	Initial	12 mg/kg per dose (28-day cycle) • Cycles 1-3: Days 1, 8, 15, 22 • Cycles 4-12: Days 1 & 15	6 months
	Subsequent	12 mg/kg per dose (28-day cycle) • Cycles 4-12: Days 1 & 15	Up to maximum treatment duration of 12 months

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J9349	Injection, tafasitamab-cxix, 2 mg

ICD-10	Description
C82.00 – C82.9	Follicular lymphoma (FL)
C83.30 – C83.39	Diffuse large B-cell lymphoma (DLBCL)

NDC (Strength)	Labeler	Dosage	Pkg Size	Pkg Qty	Units/ Pkg
50881-0013-03 (200 mg)	Incyte Corporation (50881)	2 mg	1	EA	100

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be

safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Monjuvi® prescribing information (06/2025). Morphosys US, Inc.: Boston, MA. Available online: www.monjuvihcp.com. Accessed May 21, 2026.

[2] Aster JC, Herrera AF. Diffuse large B cell lymphoma and other large B cell lymphomas: Presentation, diagnosis, and classification. Rosmarin AG, ed. UpToDate. Waltham, MA: UpToDate, Inc. www.uptodate.com. Accessed May 21, 2026.

[3] Freedman AS, Salles G. Treatment of relapsed or refractory follicular lymphoma. Connor RF, ed. UpToDate. Waltham, MA: UpToDate, Inc. www.uptodate.com. Accessed February 20, 2026.

[4] Freedman AS, Aster JC. Clinical manifestations, pathologic features, diagnosis, and prognosis of follicular lymphoma. Connor RF, ed. UpToDate. Waltham, MA: UpToDate, Inc. www.uptodate.com. Accessed February 20, 2026.

[5] National Comprehensive Cancer Network (NCCN). Guidelines Process: About Clinical Practice Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[6] National Comprehensive Cancer Network (NCCN). Guidelines Process: Development and Update of Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[7] NCCN Clinical Practice Guidelines in Oncology. The NCCN Guidelines® are continuously updated and revised to reflect new data and clinical information that may add to or alter current clinical practice standards. To view the most recent and complete version, go online to NCCN.org. NCCN Guidelines® referenced at time of this revision (note version number and effective date):

- B-Cell Lymphomas (v.4.2026 – May 20, 2026)

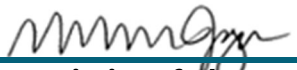
[8] Oken M, Creech R, Tormey D, et al. Toxicity and response criteria of the Eastern Cooperative Oncology Group. Am J Clin Oncol. 1982;5:649-655. PMID 7165009.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

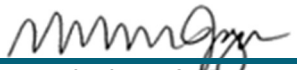
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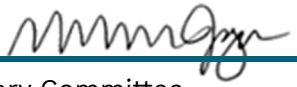
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Change Date	Changed By	Description of Change	Version
07/17/2026	CAC	Annual review. New indication for treatment of relapsed or refractory follicular lymphoma (FL) in adult patients (FDA-approved 6/18/2025). Added Criteria for new indication. Updated Overview, Descriptive Narrative, Approval and Quantity Limits, and Coding and Product Information sections. Reviewed NCCN Guidelines (second-line therapy for FL upgraded to Category 1 from Category 2A).	4
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/18/2025	CAC	Annual review. Updated NCCN Guidelines. Updated references.	3
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/19/2024	CAC	Annual review. Reviewed NCCN Guidelines (no changes to recommendations). Added dosing information into criteria. Updated NDC and Labeler (from Morphosys to Incyte). Updated references.	2
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/21/2023	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee