

Columvi (glofitamab-gxbm)
Effective 03/04/24

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Columvi (glofitamab-gxbm) is a bispecific antibody that binds to CD20 expressed on the surface of B cells, and to CD3 receptor expressed on the surface of T cells. It is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy.

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified or LBCL arising from follicular lymphoma
2. Member is ≥ 18 years of age
3. Prescriber is a hematologist or oncologist
4. Appropriate dosing
5. Member has received at least TWO lines of systemic therapies (including at least one anti-CD20 monoclonal antibody) (see appendix for appropriate prior therapy)

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

Appendix
Treatments for DLBCL

According to the NCCN guidelines, the following drugs are part of treatment regimens that may be used for the treatment of DLBCL. Please note that this is not an all-inclusive list. If the request includes a multi-agent chemotherapy regimen not listed here and there is evidence that it is used in DLBCL treatment, then that can be counted towards one systemic therapy trial.

- Axicabtagene ciloleucel
- Brentuximab vedotin
- CEPP (cyclophosphamide, etoposide, prednisone, procarbazine) ± rituximab
- CEOP (cyclophosphamide, etoposide, vincristine, prednisone) ± rituximab
- DA-EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) ± rituximab
- DHA (dexamethasone, cytarabine) ± platinum (carboplatin, cisplatin, or oxaliplatin) ± rituximab
- DHAP (dexamethasone, cisplatin, cytarabine) ± rituximab
- DHAX (dexamethasone, cytarabine, oxaliplatin) ± rituximab
- EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab
- ESHAP (etoposide, methylprednisolone, cytarabine, cisplatin) ± rituximab
- GDP (gemcitabine, dexamethasone, cisplatin) ± rituximab or (gemcitabine, dexamethasone, carboplatin) ± rituximab
- GemOx (gemcitabine, oxaliplatin) ± rituximab
- Ibrutinib
- ICE (ifosfamide, carboplatin, etoposide) ± rituximab
- Lenalidomide ± rituximab
- Lisocabtagene maraleucel
- Loncastuximab tesirine-lpyl
- MINE (mesna, ifosfamide, mitoxantrone, etoposide) ± rituximab
- Pola-R-CHP (polatuzumab vedotin-piiq, rituximab, cyclophosphamide, doxorubicin, prednisone)
- RCDOP (rituximab, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone)
- RCEOP (rituximab, cyclophosphamide, etoposide, vincristine, prednisone)
- RCEPP (rituximab, cyclophosphamide, etoposide, prednisone, procarbazine)
- RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)
- RGCVP (rituximab, gemcitabine, cyclophosphamide, vincristine, prednisolone)
- Rituximab
- Selinexor
- Tisagenlecleucel

References

1. Columvi® [package insert on the internet]. South San Francisco (CA): Genentech, Inc.; 2023 Jun.

Review History

2/14/24 – Created for P&T. Aligned with MH MB criteria. Effective 3/4/24

