

T-Cell Immunotherapy
Columvi (glofitamab-gxbm)
Effective 06/01/25

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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 (NOS) or large B-cell lymphoma (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) (Refer to NCCN guidelines for further information)

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.

References

1. Columvi [package insert on the internet]. South San Francisco (CA): Genentech, Inc.; 2025 Jan.

Review History

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

05/15/25 – Reviewed and updated for P&T. Performed annual medical criteria review. Updated formatting and references. Removed Appendix info regarding NCCN recommendations as the guideline is publicly accessible.
Effective 6/1/25

