

## Gazyva (obinutuzumab) (Intravenous)

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### I. Length of Authorization

Chronic lymphocytic leukemia/Small Lymphocytic Lymphoma (CLL/SLL):

- Coverage is provided for six months (6 cycles) and may NOT be renewed.

All other indications:

- Coverage is provided for six months and may be renewed up to a max of two years therapy.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Gazyva 1000 mg/40 mL vial: 1 vial every 28 days (3 vials the initial 28-day cycle only)

#### B. Max Units (per dose and over time) [Medical Benefit]:

Chronic lymphocytic leukemia/Small Lymphocytic Lymphoma (CLL/SLL):

**Loading Dose:**

- 10 billable units day 1, 90 billable units day 2, 100 billable units days 8, 15 of Cycle 1 (28 days)

**Maintenance Dose:**

- 100 billable units every 28 days.

All other indications:

**Loading Dose:**

- 100 billable units days 1, 8, 15 of Cycle 1 (28 days)

**Maintenance Dose:**

- 100 billable units every 21 days for 8 cycles; then every 2 months for 2 years

### III. Initial Approval Criteria

- Patient aged 18 years or older; **AND**
- Patient does not have an active infection; **AND**
- Patient has not received a live vaccine in the preceding 28 days; **AND**

## Chronic lymphocytic leukemia/Small Lymphocytic Lymphoma (CLL/SLL) †

- Used as 1<sup>st</sup> line therapy
  - Used in combination with chlorambucil †; **OR**
  - Used as single agent therapy for disease with del(17p)/TP53 mutation; **OR**
  - Used in combination with bendamustine for disease without del(17p)/TP53 mutation
- Used for relapsed or refractory disease ‡
  - Used as single agent therapy for disease without del(17p)/TP53 mutation

## Follicular Lymphoma (FL) †

- Used in combination with chemotherapy [e.g. bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **AND**
  - Used as first-line therapy; **OR**
  - Used as second-line or greater therapy, if not previously used as first-line therapy, for refractory or progressive disease.
- Used as maintenance therapy; **AND**
  - Used as monotherapy after combination bendamustine use for patients who are refractory to or relapsed after a rituximab containing regimen †; **OR**
  - Used as monotherapy after combination initial chemotherapy in patients who have achieved at least a partial remission in stage II bulky, III or IV disease †; **OR**
  - Used as first-line consolidation therapy or extended dosing; **OR**
  - Used as second-line consolidation therapy or extended dosing in patients who are refractory to rituximab; **OR**
  - Used in patients with histologic transformation to diffuse-large B-cell lymphoma with extensive follicular lymphoma

## Non-Hodgkin's Lymphoma (NHL) ‡

- MALT Lymphoma (Gastric or Non-Gastric) or Marginal Zone Lymphoma (Splenic or Nodal)
  - Used as maintenance therapy, as second-line consolidation or extended dosing, in rituximab refractory patients treated with obinutuzumab and bendamustine for recurrent disease; **OR**
  - Used in combination with bendamustine as second-line or greater therapy for refractory (recurrent for Gastric MALT) or progressive disease

† FDA-labeled indication(s); ‡ Compendia recommended indication(s)

## IV. Renewal Criteria

Authorizations for CLL/SLL may NOT be renewed.

Authorization for other indications may be renewed based on the following criteria:

- Patient continues to meet criteria identified in Section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: progressive multifocal leukoencephalopathy (PML), hepatitis B reactivation, severe neutropenia/febrile neutropenia, severe thrombocytopenia, severe infusion reactions, hypersensitivity reactions including serum sickness, tumor lysis syndrome, etc; **AND**
- Length of therapy does not exceed 2 years

## V. Dosage/Administration

Indication	Dose
CLL/SLL	<input type="checkbox"/> 100 mg day 1, 900 mg day 2, then 1000 mg days 8 and 15 of Cycle 1 (loading doses) <input type="checkbox"/> 1000 mg on Day 1 of Cycles 2-6 (28-day cycle)
All other indications	<input type="checkbox"/> 1000 mg days 1, 8, & 15 of cycle 1 (loading doses); given in combination with chemotherapy <input type="checkbox"/> Combination chemotherapy: <ul style="list-style-type: none"> <li>– 1000 mg day 1 of cycles 2-6 (28-day cycle) in combination with bendamustine</li> <li>– 1000 mg day 1 of cycles 2-6 (21-day cycle) in combination with CHOP, followed by 2 additional 21-day cycles of Gazyva</li> <li>– 1000 mg day 1 of cycles 2-8 (21-day cycle) with CVP</li> </ul> <input type="checkbox"/> 1000 mg every 2 months for two years as monotherapy

## VI. Billing Code/Availability Information

Jcode:

J9301 – Injection, obinutuzumab, 10 mg: 1 billable unit = 10 mg

NDC:

Gazyva 1000 mg/ 40 mL single-dose vial: 50242-0070-xx

## VII. References

1. Gazyva [package insert]. South San Francisco, CA; Genentech, Inc; November 2017. Accessed November 2018.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) obinutuzumab. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed November 2018.

3. Goede V, Fischer K, Busch R, et al. Chemoimmunotherapy with GA101 plus chlorambucil in patients with chronic lymphocytic leukemia and comorbidity: results of the CLL11 (BO21004) safety run-in. *Leukemia*. 2013 Apr; 27(5):1172-4. doi: 10.1038/leu.2012.252. Epub 2012 Aug 31.
4. Sehn LH, Chua N, Mayer J, et al. Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): a randomised, controlled, open-label, multicentre, phase 3 trial. *Lancet Oncol*. 2016 Jun 23. pii: S1470-2045(16)30097-3.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C82.00	Follicular lymphoma grade I unspecified site
C82.01	Follicular lymphoma grade I lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I spleen
C82.08	Follicular lymphoma grade I lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I extranodal and solid organ sites
C82.10	Follicular lymphoma grade II unspecified site
C82.11	Follicular lymphoma grade II lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II spleen
C82.18	Follicular lymphoma grade II lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II extranodal and solid organ sites
C82.20	Follicular lymphoma grade III unspecified site
C82.21	Follicular lymphoma grade III lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III lymph nodes of inguinal region and lower limb

C82.26	Follicular lymphoma grade III intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III spleen
C82.28	Follicular lymphoma grade III lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa unspecified site
C82.31	Follicular lymphoma grade IIIa lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa spleen
C82.38	Follicular lymphoma grade IIIa lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb unspecified site
C82.41	Follicular lymphoma grade IIIb lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb spleen
C82.48	Follicular lymphoma grade IIIb lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma unspecified site
C82.51	Diffuse follicle center lymphoma lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma spleen
C82.58	Diffuse follicle center lymphoma lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma unspecified site
C82.61	Cutaneous follicle center lymphoma lymph nodes of head, face, and neck

C82.62	Cutaneous follicle center lymphoma intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma spleen
C82.68	Cutaneous follicle center lymphoma lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma extranodal and solid organ sites
C82.80	Other types of follicular lymphoma unspecified site
C82.81	Other types of follicular lymphoma lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma spleen lymph nodes of multiple sites
C82.88	Other types of follicular lymphoma lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified site
C82.91	Follicular lymphoma, unspecified lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified spleen
C82.98	Follicular lymphoma, unspecified lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma unspecified site
C83.01	Small cell B-cell lymphoma lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma spleen

C83.08	Small cell B-cell lymphoma lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma extranodal and solid organ sites
C83.80	Other non-follicular lymphoma unspecified site
C83.81	Other non-follicular lymphoma lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma spleen
C83.88	Other non-follicular lymphoma lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A



Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp.(WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp. (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC