MEDICA®

Medica applies pre-payment claims edits to diagnosis criteria and criteria for maximum units.
Prior authorization criteria *do not apply* for this policy.

Arzerra® (ofatumumab)
(Intravenous)

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I. Length of Authorization [1,10]

Coverage will be provided for 6 months with renewal subject to the following:

- CLL/SLL (first-line) may be renewed to allow for a total of 12 cycles
- CLL/SLL (relapsed) may not be renewed (unless the provisions for extended treatment have been met)
- CLL/SLL (single agent subsequent therapy) may not be renewed (unless the provisions for extended treatment have been met)
- CLL/SLL (extended treatment) may be renewed to provide for a total of 2 years of therapy
- Waldenström's Macroglobulinemia/Lymphoplasmacytic lymphoma may be renewed to allow for up to a total of 3 cycles

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Arzerra 100 mg/5 mL single-use vial: 3 vials Day 1
- Arzerra 1000 mg/50 mL single-use vial: 2 vials weekly x 7 doses, then 2 vials every 4 weeks, then 1 vial every 8 weeks for up to 24 months

B. Max Units (per dose and over time) [HCPCS Unit]:

CLL/SLL	**First-Line** ▪ 30 billable units on day 1 and 100 billable units on day 8; then ▪ 100 billable units every 28 days for up to 11 doses **Single agent subsequent therapy** ▪ 30 billable units on day 1; then ▪ 200 billable units weekly x 7 doses; then ▪ 200 billable units every 28 days x 4 doses **Relapsed** ▪ 30 billable units on day 1 and 100 billable units on day 8; then ▪ 100 billable units every 28 days for up to 5 doses **Extended Treatment** ▪ 30 billable units on day 1 and 100 billable units on day 8; then ▪ 100 billable units 7 weeks later and every 8 weeks thereafter
Waldenström's Macroglobulinemia / Lymphoplasmacytic Lymphoma	▪ 30 billable units on day 1; then ▪ 200 billable units every 7 days x 4 doses

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria [1]

- Patient has been screened for the presence of hepatitis B (HBV) infection (i.e., HBsAg and anti-HBc) prior to initiating therapy and patients with evidence of current or prior HBV infection will be monitored for HBV reactivation during treatment; **AND**
- Must not be administered concurrently with live vaccines; **AND**

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) † Φ [1-3]

- Used as first-line therapy; **AND**
  - Used in combination with chlorambucil in patients considered inappropriate for fludarabine-based therapy *(Note: only applies to CLL);* **OR**
  - Used in combination with bendamustine ‡; **AND**
    - Patient does not have del(17p)/TP53 mutation *(patients ≥ 65 years, or younger patients with or without significant comorbidities; excluding use in frail patients [i.e., creatine clearance (CrCl) <70 mL/min])*; **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent; **OR**
  - Used in combination with fludarabine and cyclophosphamide (FC) for relapsed disease *(Note: only applies to CLL);* **OR**
- Used as extended treatment in patients with complete or partial response after at least 2 lines of therapy for recurrent or progressive disease *(Note: only applies to CLL)*

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma ‡ [2,4]

- Used as a single agent OR as part of combination therapy; **AND**
- Patient is intolerant to rituximab; **AND**
  - Patient has previously failed primary therapy; **OR**
  - Patient has progressive or relapsed disease

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage may be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. 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: Hepatitis B virus reactivation/infection, progressive multifocal leukoencephalopathy, severe infusion reactions, tumor lysis syndrome, cytopenias (neutropenia, anemia, and thrombocytopenia), etc.

V. Dosage/Administration [1,10]

Indication	Dose
CLL/SLL (First-line)	Administer 300 mg on Day 1, then 1,000 mg on Day 8, followed by 1,000 mg on Day 1 of subsequent 28-day cycles for a minimum of 3 cycles until best response or a maximum of 12 cycles
CLL/SLL (Single agent subsequent therapy)	Administer 300 mg on Day 1, followed 1 week later by 2,000 mg given weekly x 7 doses (infusions 2 through 8), followed 4 weeks later by 2,000 mg every 4 weeks for 4 doses (infusions 9 through 12) for a total of 12 doses
CLL/SLL (Relapsed)	Administer 300 mg on Day 1, then 1,000 mg on Day 8, followed by 1,000 mg on Day 1 of subsequent 28-day cycles for a maximum of 6 cycles
CLL/SLL (Extended treatment)	Administer 300 mg on Day 1, then 1,000 mg on Day 8, followed by 1,000 mg 7 weeks later and every 8 weeks thereafter for up to a maximum of 2 years
Waldenström's/ Lymphoplasmacytic lymphoma	<u>Cycle 1:</u> • Administer 300 mg on day 1, then 1,000 mg weekly for weeks 2 through 4; **OR** • Administer 300 mg on day 1, then 2,000 mg weekly for weeks 2 through 5 <u>Cycle 2-3:</u> • Patients with stable disease or a minor response at week 16 of cycle 1 are eligible to receive a re-dosing cycle of 300 mg on day 1, then 2,000 mg for weeks 2 through 5.

	• Patients responding to cycle 1 or the redosing cycle who developed disease progression within 36 months can receive treatment with 300 mg on day 1, then 2,000 mg for weeks 2 through 5.

VI. Billing Code/Availability Information

HCPCS Code:

- J9302 – Injection, ofatumumab, 10 mg; 1 billable unit = 10 mg

NDC:

- Arzerra 1000 mg/50 mL single-use vial: 00078-0690-xx
- Arzerra 100 mg/5 mL single-use vial: 00078-0669-xx

VII. References

1. Arzerra [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation, August 2016. Accessed March 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ofatumumab. National Comprehensive Cancer Network, 2022. 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 March 2022.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Version 2.2022. National Comprehensive Cancer Network, 2022. 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 March 2022.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma. Version 2.2022. National Comprehensive Cancer Network, 2022. 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 March 2022.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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

ICD-10	ICD-10 Description
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
C88.0	Waldenström macroglobulinemia
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), Local Coverage Determinations (LCDs), and Local Coverage Article (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/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