



# Gazyva® (obinutuzumab) (Intravenous)

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## I. Length of Authorization <sup>1,7-13</sup>

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) combination therapy:

- Coverage is provided for six 28-day cycles (6 months) and may NOT be renewed.

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) monotherapy:

- Coverage is provided for eight 21-day cycles (6 months) and may NOT be renewed.

B-Cell Lymphomas:

- Coverage is provided for 6 months and may be renewed for up to a maximum of 2 years of maintenance therapy.

## II. Dosing Limits

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

- Gazyva 1000 mg/40 mL single-dose vial: 2 vials every 21 days (6 vials for the initial 21-day cycle only)

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

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL):

Loading Dose:

- 10 billable units day 1, 90 billable units day 2, 100 billable units day 3, 200 billable units days 8 and 15 of Cycle 1 (21 days)

Maintenance Dose:

- 200 billable units every 21 days

B-Cell Lymphomas:

Loading Dose:

- 100 billable units x 3 weekly doses for 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 <sup>1</sup>

Coverage is provided in the following conditions:

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

#### Universal Criteria <sup>1</sup>

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient has not received a live vaccine within 28 days prior to starting treatment and live vaccines will not be administered concurrently while on treatment; **AND**
- Patient has been screened for the presence of hepatitis B virus (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**

#### Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) † ⊕ <sup>1-3,8,9,11,12,14,66e</sup>

- Used as first-line therapy; **AND**
  - Used in combination with chlorambucil for disease without del(17p)/TP53 mutation; **OR**
  - Used in combination with acalabrutinib ‡; **AND**
    - Use of obinutuzumab in combination with acalabrutinib will be restricted to patients with a contraindication or intolerance to obinutuzumab + venetoclax; **OR**
  - Used in combination with venetoclax ‡; **OR**
  - Used as single agent therapy (*excluding use in patients without del(17p)/TP53 mutation who are <65 years of age without significant comorbidities*); ‡; **OR**
  - Used in combination with bendamustine for disease without del(17p)/TP53 mutation (*excluding use in frail patients*); **AND**

#### Patients ≥65 years and younger patients with significant comorbidities ONLY:

- Use of obinutuzumab in combination with bendamustine will be restricted to patients with a contraindication or intolerance to chlorambucil + obinutuzumab; **OR**
- Used as subsequent therapy ‡; **AND**
    - Used as single agent therapy for disease without del(17p)/TP53 mutation

#### B-Cell Lymphomas ‡ <sup>1,2,4-6,15</sup>

- Follicular Lymphoma (Grade 1-2) † ⊕
  - Used as first-line therapy; **AND**
    - Used in combination with chemotherapy [e.g., bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **OR**
  - Used as subsequent therapy, if not previously given, for relapsed, refractory, or progressive disease after prior treatment with a rituximab-containing regimen; **AND**

- Used in combination with bendamustine; **OR**
- Used in combination with lenalidomide; **OR**
- Used as a single agent for maintenance therapy; **AND**
  - Used as first-line consolidation therapy or extended dosing in patients who achieved at least a partial response following obinutuzumab in combination with chemotherapy; **OR**
  - Used as second-line consolidation therapy or extended dosing following combination therapy with obinutuzumab and either bendamustine or lenalidomide in patients who are refractory to rituximab; **OR**
- MALT Lymphoma (Gastric or Non-Cutaneous Non-Gastric) or Marginal Zone Lymphoma (Splenic or Nodal) †
  - Used as first-line therapy (*Nodal Marginal Zone Lymphoma only*); **AND**
    - Used in combination with chemotherapy [e.g., bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **OR**
  - Used in combination with bendamustine (if not previously treated with bendamustine); **AND**
    - Used as subsequent therapy after prior treatment with rituximab (*Splenic Marginal Zone Lymphoma only*); **OR**
    - Used as subsequent therapy after prior treatment with rituximab for relapsed, refractory, or progressive disease (*Gastric or Non-Cutaneous Non-Gastric MALT Lymphoma and Nodal Marginal Zone Lymphoma only*); **OR**
  - Used as a single agent for maintenance therapy as second-line consolidation or extended dosing, in rituximab refractory patients treated with obinutuzumab and bendamustine for recurrent disease

**Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.**

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

#### IV. Renewal Criteria <sup>1</sup>

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the 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: severe neutropenia/febrile neutropenia, severe thrombocytopenia, severe infusion-related reactions, hypersensitivity reactions including serum sickness, tumor lysis syndrome (TLS), serious bacterial, fungal, or viral infections, disseminated intravascular coagulation (DIC), etc.; **AND**
- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy (PML) and has been found to be negative; **AND**

#### CLL/SLL

- Coverage may NOT be renewed

#### Maintenance treatment of B-Cell Lymphomas

- Patient has not exceeded a maximum of two (2) years of therapy

### V. Dosage/Administration <sup>1,7-13</sup>

| Indication       | Dose  |
|------------------|---|
| CLL/SLL          | <p><u>Combination therapy:</u></p> <ul style="list-style-type: none"> <li>• 100 mg day 1, 900 mg day 2, then 1000 mg days 8 and 15 of cycle 1 (loading doses)</li> <li>• 1000 mg on Day 1 of cycles 2-6 (28-day cycle)</li> </ul> <p><u>Monotherapy:</u></p> <ul style="list-style-type: none"> <li>• 100 mg day 1, 900 mg day 2, then 1000 mg days 8 and 15 of cycle 1 (loading doses)</li> <li>• 1000 mg on Day 1 of cycles 2-8 (21-day cycle)</li> </ul> <p>-OR-</p> <ul style="list-style-type: none"> <li>• 100mg day 1, 900 mg day 2, 1000 mg day 3, 2000 mg days 8 and 15 of cycle 1 (loading doses)</li> <li>• 2000 mg on Day 1 of cycles 2-8 (21-day cycle)</li> </ul>   |
| B-Cell Lymphomas | <p><u>Initial Combination therapy:</u></p> <ul style="list-style-type: none"> <li>• 1000 mg days 1, 8, &amp; 15 of cycle 1 (loading doses); given in combination with chemotherapy; <b>OR</b></li> <li>• 1000 mg days 8, 15, &amp; 22 of cycle 1 (loading doses); given in combination with lenalidomide <ul style="list-style-type: none"> <li>○ 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 alone</li> <li>– 1000 mg day 1 of cycles 2-8 (21-day cycle) with CVP</li> </ul> </li> <li>○ In combination with lenalidomide: <ul style="list-style-type: none"> <li>– 1000 mg day 1 of cycles 2-6 (28-day cycle)</li> </ul> </li> </ul> </li> </ul> <p><u>Initial Monotherapy:</u></p> <ul style="list-style-type: none"> <li>• 1000 mg once a week for 4 weeks on days 1, 8, 15, &amp; 22</li> </ul> <p><u>Maintenance therapy for use after initial combination therapy or monotherapy:</u></p> <ul style="list-style-type: none"> <li>• 1000 mg every 2 months for up to two years as monotherapy</li> <li>• <b>NOTE:</b> When initial therapy is given in combination with lenalidomide, the first year of maintenance therapy will be given with lenalidomide, followed by an additional year of monotherapy</li> </ul> |

## VI. Billing Code/Availability Information

### HCPCS Code:

- J9301 – Injection, obinutuzumab, 10 mg; 1 billable unit = 10 mg

### NDC:

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

## VII. References (STANDARD)

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2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) obinutuzumab. 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 August 2022.
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15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) B-Cell Lymphomas, Version 5.2022. 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 August 2022.

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## 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), Local Coverage Determinations (LCDs), and Local Coverage Articles (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/LCD/LCA): 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                            |