

Medical Drug Clinical Criteria

Subject: Columvi (glofitamab-gxbm)

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Table of Contents

[Overview](#)

[Coding](#)

[References](#)

[Clinical Criteria](#)

[Document History](#)

Overview

This document addresses the use of Columvi (glofitamab-gxbm) an intravenously administered. Columvi is a bispecific CD20-directed CD3 T-cell engager. Columvi is indicated for adults with relapsed or refractory diffuse large B-cell lymphoma (LBCL), not otherwise specified or large B-cell lymphoma arising from follicular lymphoma after two or more lines of systemic therapy.

Columvi has a black box warning for cytokine release syndrome (CRS), including serious or fatal reactions.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Columvi (glofitamab-gxbm)

Requests for Columvi (glofitamab-gxbm) may be approved if the following criteria are met:

- I. Individual is using for a maximum of 12 cycles; **AND**
- II. Individual is using for one of the following:
 - A. Relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified;
OR
 - B. Large B-cell lymphoma arising from follicular lymphoma; **AND**
 - C. Previously had two or more lines of systemic therapy.

Requests for Columvi (glofitamab-gxbm) may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J3490

Unclassified drugs

J3590

Unclassified Biologicals

J9999 Not otherwise classified, antineoplastic drugs
C9399 Unclassified drugs or biologicals

ICD-10 Diagnosis

All diagnoses pend

Document History

Reviewed: 08/18/2023

Document History:

- 08/18/2023- Select Review: New criteria document for Columvi. Coding Reviewed: Added J3490, J3590, C9399, J9999. All diagnoses pend.

References

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a. T-Cell Lymphomas. V2.2022. Revised March 7, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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