

Medical Drug Clinical Criteria

Subject: Columvi (glofitamab-gxbm)

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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 FDA 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. The National Comprehensive Cancer Network (NCCN) compendia also provides 2A recommendations for use in additional B-cell lymphomas, including high-grade B-cell lymphomas, HIV-related B-cell lymphomas, and post-transplant lymphoproliferative disorders.

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 B-cell lymphomas:
 - A. Relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified;
OR
 - B. Large B-cell lymphoma arising from follicular lymphoma after two or more lines of systemic therapy; **OR**
 - C. Histologic transformation of indolent lymphomas to diffuse large b-cell lymphoma (NCCN 2A);
OR
 - D. High-grade B-cell lymphomas (NCCN 2A); **OR**
 - E. HIV-related B-cell lymphomas (NCCN 2A); **OR**
 - F. Post-transplant lymphoproliferative disorders (NCCN 2A)

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

J9286 Injection, glofitamab-gxbm, 2.5 mg [Columvi]

ICD-10 Diagnosis

C83.30-C83.39	Diffuse large B-cell lymphoma
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
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes

C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell 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
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

Document History

Revised: 08/16/2024

Document History:

- 08/16/2024 – Annual Review: Add NCCN 2A recommendations for use in additional B-cell Lymphomas. Coding Reviewed: Add ICD-10-CM C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, D47.Z1.
- 08/18/2023- Select Review: New criteria document for Columvi. Coding Reviewed: Added J3490, J3590, C9399, J9999. All diagnoses pend. Effective 1/1/2024 Added HCPCS J9286. Added ICD-10-CM C83.30-C83.39. Removed HCPCS J3490, J3590, C9399, J9999.

References

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