Arzerra® (ofatumumab)

Last Review Date: July 15, 2019
Number: MG.MM.PH.133

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Definition

Arzerra (ofatumumab): is a human IgG1-kappa monoclonal antibody that binds to the CD20 molecule on normal B lymphocytes and on B-cell chronic lymphocytic leukemia, resulting in B-cell lysis. The epitope which ofatumumab binds is different from the binding sites targeted by other CD20 antibodies that are currently available such as rituximab. Also, ofatumumab appears to have a slower off-rate and more stable CD20 binding as compared with rituximab. The slower off-rate and more stable binding may be responsible for ofatumumab's efficacy against cells with low CD20-antigen density and high expression of complement inhibitory molecules. In vitro, ofatumumab lyses rituximab-resistant Raji cells and CD20 low-expressing chronic lymphocytic leukemia cells in the presence of human plasma or unfractionated blood. Also, ofatumumab appears to be active against B-cell lymphoma/chronic lymphocytic leukemia cells with high expression of complement inhibitory molecules.

Length of Authorization

Coverage will be provided for 6 months and may be renewed.

Dosing Limits

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

- **CLL/SLL**
  - First line
    - 30 Billable units on day 1 and 100 billable units on day 8
    - 100 Billable units every 28 days for up to 11 doses
  - Refractory
    - 30 Billable units on day 1; then
    - 200 Billable units weekly x 7 doses; then
    - 200 Billable units weekly every 28 days x 4 doses
c. Relapsed
   i. 30 Billable units on day 1 and 100 billable units on day 8; then
   ii. 100 Billable units every 28 days for up to 5 doses

d. Extended Treatment
   i. 30 Billable units on day 1 and 100 billable units on day 8; then
   ii. 100 Billable units 7 weeks later and every 8 weeks thereafter.

- **Waldenstrom’s Macroglobulinemia**
  iii. 30 Billable units on day 1; then
  iv. 100 Billable units 7 weeks x 4 doses.

I. **INITIAL APPROVAL CRITERIA**

**Arzerra** may be considered medically necessary if one of the below conditions are met AND use is consistent with the medical necessity criteria that follows:

1. **CHRONIC LYMPHOCYTBIC LEUKEMIA (CLL)**
   a. The member has stage III-IV CLL, or if Stage 0-II disease, member must have bulky adenopathy, splenomegal, OR systemic symptoms AND Arzerra (ofatumumab) is being used for the following:
      i) As first line therapy in combination with chlorambucil or bendamustine members who are unable to tolerate or has contraindications to fludarabine **OR**
      ii) As a single agent for members refractory to Fludara (fludarabine) AND Campath (alemtuzumab). Refractoriness is defined as a failure to achieve at least a partial response, or disease progression during treatment or within 6 months of the last dose of at least 2 cycles of fludarabine and at least 12 doses of aemtuzumab **OR**
      iii) Maintenance therapy as second-line extended dosing following complete or partial response to relapsed or refractory therapy.

2. **WALDENSTROM’S MACROGLOBULEMIA**
   a. Given as a single agent salvage therapy to Rituxan – intolerant patients who don’t respond to primary therapy.

**Limitations/Exclusions**

Arzerra (ofatumumab) is not considered medically necessary for when any of the following selection criteria is met:

1. Member has disease progression while taking Arzerra (ofatumumab).
2. Dosing exceeds single dose limit of Arzerra (ofatumumab) 2000 mg.
3. Treatment with Arzerra (ofatumumab) exceeds the maximum duration limit of 12 doses over 24 weeks for previously treated CLL or maximum 12 cycles for previously untreated CLL.
4. Treatment with Arzerra (ofatumumab) exceeds the maximum duration limit of 2 years for extended treatment in CLL

5. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. **RENEWAL CRITERIA**

- Patient continues to meet criteria in Initial Approval Criteria; AND
- Tumor response with 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, severe infusion reactions, tumor lysis syndrome, cytopenias (neutropenia, anemia, and thrombocytopenia), etc.

**Dosage/Administration**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated CLL</td>
<td>300 mg IV on day 1 followed by 1000 mg IV on day 8 in combination with chlorambucil 10 mg/m2 PO on days 1—7 every 28 days. Beginning on day 29, give ofatumumab 1000 mg IV on day 1 in combination with chlorambucil 10 mg/m2 PO on days 1—7 every 28 days for an additional 2—11 cycles (MAX 12 cycles).</td>
</tr>
<tr>
<td>Refractory CLL</td>
<td>300 mg IV once followed 1 week later by 2000 mg IV weekly for 7 additional weeks; then give 2000 mg IV once monthly for 4 infusions (total of 12 doses over 24 weeks).</td>
</tr>
<tr>
<td>Extended Treatment in CLL</td>
<td>300 mg IV on Day 1 followed by 1,000 mg 1 week later on Day 8 followed by 1,000 mg 7 weeks later and then every 8 weeks for up to a maximum of 2 years.</td>
</tr>
<tr>
<td>Waldenstrom’s</td>
<td>300 mg on day 1, then 1,000 mg weekly for 4 doses.</td>
</tr>
</tbody>
</table>

**Applicable Procedure Codes**

- **J9302** Injection, ofatumumab, 10 mg, 1 billable unit = 10 mg

**Applicable NDCs**

- **00078-0690-xx** Arzerra 1000 mg/50 ml single use vial
- **00078-0669-xx** Arzerra 100 mg/5 ml single use vial

**Applicable Diagnosis Codes**

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C83.00</td>
<td>Small cell B-cell lymphoma, unspecified site</td>
</tr>
<tr>
<td>C83.01</td>
<td>Small cell B-cell lymphoma, lymph nodes of head, face and neck</td>
</tr>
<tr>
<td>C83.02</td>
<td>Small cell B-cell lymphoma, intrathoracic lymph nodes</td>
</tr>
<tr>
<td>C83.03</td>
<td>Small cell B-cell lymphoma, intra-abdominal lymph nodes</td>
</tr>
<tr>
<td>C83.04</td>
<td>Small cell B-cell lymphoma, lymph nodes of axilla and upper limb</td>
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<tr>
<td>C83.05</td>
<td>Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb</td>
</tr>
<tr>
<td>C83.06</td>
<td>Small cell B-cell lymphoma, intrapelvic lymph nodes</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>C83.07</td>
<td>Small cell B-cell lymphoma, spleen</td>
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<tr>
<td>C83.08</td>
<td>Small cell B-cell lymphoma, lymph nodes of multiple sites</td>
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<tr>
<td>C83.09</td>
<td>Small cell B-cell lymphoma, extranodal and solid organ sites</td>
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<td>C88.0</td>
<td>Waldenström macroglobulinemia</td>
</tr>
<tr>
<td>C91.10</td>
<td>Chronic lymphocytic leukemia of B-cell type not having achieved remission</td>
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<tr>
<td>C91.12</td>
<td>Chronic lymphocytic leukemia of B-cell type in relapse</td>
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<tr>
<td>Z85.72</td>
<td>Personal history of non-Hodgkin lymphomas</td>
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<tr>
<td>Z85.79</td>
<td>Personal history of other malignant neoplasm of lymphoid hematopoietic and related tissues</td>
</tr>
</tbody>
</table>

References