

**COLUMVI
(glofitamab-gxbm)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS)
2. Large B-cell lymphoma (LBCL) arising from follicular lymphoma

AND ALL of the following:

1. Patient has received two or more lines of systemic therapies
2. Prescriber agrees to monitor for signs and symptoms of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)
3. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Columvi and for 1 month after the last dose

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

3. Diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS)
4. Large B-cell lymphoma (LBCL) arising from follicular lymphoma

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Patient has **NOT** received a total of 12 cycles of Columvi treatment



**BlueCross
BlueShield**

Federal Employee Program.

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3. Prescriber agrees to monitor for signs and symptoms of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS)
4. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Columvi and for 1 month after the last dose

Prior - Approval *Renewal* Limits

Same as above