BlueCross BlueShield Federal Employee Program

GAZYVA
(obinutuzumab)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

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

1. CD20-positive chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)

   AND ONE of the following:
   a. First-line therapy in patients without del(17p)/TP53
   b. First-line therapy in patients with del(17p)/TP53
   c. First-line therapy when used in combination with (acalabrutinib)
   d. Inadequate response or intolerance to purine analog
   e. Relapsed or refractory disease as a single agent

2. Follicular lymphoma (FL)

   AND ONE of the following:
   a. Stage II bulky, III or IV
      i. Used in combination with chemotherapy during the initial 6 cycles of treatment followed by use as monotherapy
   b. Patient is relapsed or refractory to a rituximab-containing regimen
      i. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy
   c. Patient has relapsed or refractory follicular lymphoma
      i. Patient has received two or more lines of systemic therapy
      ii. Used in combination with Brukinsa (zanubrutinib)

3. Gastric or Nongastric MALT lymphoma
   a. Patient is relapsed or refractory to a rituximab-containing regimen
   b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

4. Splenic Marginal Zone lymphoma
   a. Patient is relapsed or refractory to a rituximab-containing regimen
   b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

5. Nodal Marginal Zone Lymphoma
    a. Patient is relapsed or refractory to a rituximab-containing regimen
    b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

AND ALL of the following:
1. Absence of active infection
2. Patient has or will be screened for hepatitis B prior to initiation of therapy and will be continued to be monitored during treatment if positive
3. Patient will be monitored for signs and symptoms of progressive multifocal leukoencephalopathy (PML)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnoses

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

1. CD20-positive chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)
2. Follicular lymphoma (FL)
3. Gastric or Nongastric MALT lymphoma
4. Splenic Marginal Zone lymphoma
5. Nodal Marginal Zone Lymphoma

AND ALL of the following:
1. **NO** disease progression or unacceptable toxicity
2. Absence of active infection
3. Patient will be monitored for signs and symptoms of progressive multifocal leukoencephalopathy (PML)

Prior – Approval *Renewal* Limits

Same as above