BlueCross BlueShield Federal Employee Program

ARZERRA (ofatumumab)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Arzerra (ofatumumab) is a CD20-directed cytolytic monoclonal antibody indicated for the treatment of patients with chronic lymphocytic leukemia (CLL). All patients are pre-medicated with oral acetaminophen, oral or intravenous antihistamine and intravenous corticosteroid (1).

Regulatory Status

FDA-approved indications: Arzerra is a CD20-directed cytolytic monoclonal antibody indicated for: (1)

1. Treatment of patients with chronic lymphocytic leukemia (CLL) refractory to fludarabine and/or alemtuzumab or rituximab.
2. Extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL.
3. In combination with chlorambucil, for the treatment of previously untreated patients with chronic lymphocytic leukemia (CLL) for whom fludarabine-based therapy is considered inappropriate
4. In combination with flurdarabine and cyclophosphamide for the treatment of patients with relapsed chronic lymphocytic leukemia (CLL)

Off-Label Use:

Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are different manifestations of the same disease yet are managed in similar fashions. Arzerra may be used in the treatment for small lymphocytic lymphoma. In addition, the NCCN Panel has included newer agents, such as Arzerra, as therapy options for previously treated patients for Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma who are intolerant to rituximab, either as a single agent or in combination therapy (2-4).

Boxed warnings include the possibility of developing progressive multifocal leukoencephalopathy (PML) and of HBV reactivation. Progressive multifocal leukoencephalopathy (PML), including fatal PML, can occur during treatment with Arzerra. If PML is suspected, Arzerra treatment should be discontinued. Arzerra has been shown to increase the risk of Hepatitis B infection and reactivation. High-risk patients should be screened. Arzerra should be discontinued in patients who develop or experience a reactivation of viral

hepatitis (1).

Safety and effectiveness of Arzerra in patients less than 18 years of age have not been established (1).

Summary

Arzerra (ofatumumab) is a CD20-directed cytolytic monoclonal antibody indicated for the treatment of patients with chronic lymphocytic leukemia (CLL). Off label uses include small lymphocytic lymphoma (SLL) and Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma. Boxed warnings include the possibility of developing progressive multifocal leukoencephalopathy (PML) and of HBV reactivation. If PML is suspected, Arzerra treatment should be discontinued. Arzerra has been shown to increase the risk of Hepatitis B infection and reactivation. High-risk patients should be screened (1-4).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Arzerra while maintaining optimal therapeutic outcomes.

References

1. Arzerra [package Insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2016.
2. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Version 1.2025. October 2024. Accessed on January 16, 2025.
3. National Comprehensive Cancer Network. NCCN Clinical Pratice Guidelines in Oncology: Waldenstrom's macroglobulinemia/Lymphoplasmacytic Lymphoma. Version 2.2025. December 2024. Accessed on January 16, 2025.
4. NCCN Drugs & Biologics Compendium® Ofatumumab 2025. National Comprehensive Cancer Network, Inc. Accessed on January 16, 2025.