Reference number(s)
6024-H

SPECIALTY QUANTITY LIMIT PROGRAM

COLUMVI (glofitamab-gxbm)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Columvi (glofitamab) 2.5 mg/2.5 mL single-dose vial	Not Applicable	1 vial per 7 days	Recommended dosage: 21-Day Treatment Cycles Cycle 1 - Day 1: Obinutuzumab 1000 mg - Day 8: 2.5 mg - Day 15: 10 mg Cycle 2-12: - Day 1: 30 mg
Columvi (glofitamab) 10 mg/10 mL single-dose vial	3 vials per 21 days	4 vials per 21 days	

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCES

1. Columvi [package insert]. South San Francisco, CA: Genentech, Inc.; June 2023.