Clinical Policy: Ofatumumab (Arzerra)

Reference Number: PA.CP.PHAR.306
Effective Date: 01/2018
Last Review Date: 04/2024

Coding Implications
Revision Log

Description
Ofatumumab (Arzerra®) is a CD20-directed cytolytic monoclonal antibody.

FDA Approved Indication(s)
Arzerra is indicated:

- In combination with chlorambucil, for the treatment of previously untreated patients with chronic lymphocytic leukemia (CLL) for whom fludarabine-based therapy is considered inappropriate
- In combination with fludarabine and cyclophosphamide for the treatment of patients with relapsed CLL
- For extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL
- For the treatment of patients with CLL refractory to fludarabine and alemtuzumab

Policy/Criteria
It is the policy of PA Health &Wellness ® that Arzerra is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma(must meet all):

1. Diagnosis of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL);
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Age ≥ 18 years;
4. Request is for Arzerra;
5. One of the following (a, b, c or d):
   a. Both of the following (i or ii):
      i. Prescribed as first-line therapy in combination with chlorambucil;
      ii. Fludarabine-based therapy is considered inappropriate;
   b. Prescribed in combination with fludarabine and cyclophosphamide for relapsed disease;
   c. Member is in complete or partial response after at least two lines of therapy for recurrent or progressive disease;
   d. Disease is refractory to fludarabine and alemtuzumab;
6. Request meets one of the following (a or b):
   a. Dose does not exceed the maximum indicated in section IV;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

B. Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma (off-label) (must meet all)**:**
1. Diagnosis of Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma (WM/LPL);
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Age ≥ 18 years;
4. Request is for Arzerra;
5. Member is rituximab-intolerant;
6. Request is for second-line or subsequent therapy (*see Appendix B for examples of prior therapy*);
7. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

C. Multiple Sclerosis: *If request is for Kesimpta for use in Multiple Sclerosis, please refer to* ***PHW.PDL.043 Multiple Sclerosis Agents*** *for prior authorization guidelines and visit https://papdl.com/preferred-drug-list to view all preferred/non-preferred Multiple Sclerosis agents included in the Pennsylvania Medical Assistance Program's Statewide preferred drug list.*

D. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. All indications in Section I Other than Multiple Sclerosis (must meet all):
1. Currently receiving Arzerra via PA Health &Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed the maximum indicated in section IV;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 12 months

B. Multiple Sclerosis: *If request is for Kesimpta for use in Multiple Sclerosis, please refer to* ***PHW.PDL.043 Multiple Sclerosis Agents*** *for prior authorization guidelines and visit https://papdl.com/preferred-drug-list to view all preferred/non-preferred Multiple Sclerosis agents included in the Pennsylvania Medical Assistance Program's Statewide preferred drug list.*

C. Other diagnoses/indications (must meet 1 or 2):
1. Currently receiving medication via PA Health &Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CLL: chronic lymphocytic leukemia
EDSS: Expanded Disability Status Scale
FDA: Food and Drug Administration
MS: multiple sclerosis
NCCN: National Comprehensive Cancer Network
SLL: Small Lymphocytic Lymphoma
WM/LPL: Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
WM/LPL primary therapy examples: • bendamustine/rituximab • bortezomib (Velcade®)/dexamethasone/rituximab • Imbruvica® (ibrutinib) ± rituximab • rituximab/cyclophosphamide/dexamethasone	Varies	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Arzerra: none reported
- Boxed warning(s):
  - Arzerra: hepatitis B virus reactivation, progressive multifocal leukoencephalopathy

Appendix D: General Information

- In August 2020, Novartis announced their plan to transition Arzerra to an oncology patient access program will provide Arzerra at no cost to CLL patients in the U.S. Arzerra is no longer available for commercial purchase.

IV. Dosage and Administration

	Indication	Dosing Regimen	Maximum Dose
Ofatumumab (Arzerra)	Previously untreated CLL	In combination with chlorambucil: 300 mg IV on Day 1 followed by 1,000 mg IV on Day 8 (Cycle 1). Then 1,000 mg IV on Day 1 of subsequent 28-day cycles for a minimum of 3 cycles until best response or a maximum of 12 cycles	12 cycles
	Relapsed CLL	In combination with fludarabine and cyclophosphamide: 300 mg IV on Day 1 followed by	6 cycles

	Indication	Dosing Regimen	Maximum Dose
		1,000 mg IV on Day 8 (Cycle 1). Then 1,000 mg IV on Day 1 of subsequent 28-day cycles for a maximum of 6 cycles	
	Extended treatment in CLL	300 mg on Day 1 followed by 1,000 mg 1 week later on Day 8, followed by 1,000 mg 7 weeks later and every 8 weeks thereafter for up to a maximum of 2 years	2 years
	Refractory CLL	300 mg initial dose, followed 1 week later by 2,000 mg weekly for 7 doses, followed 4 weeks later by 2,000 mg every 4 weeks for 4 doses	Refer to dosing regimen

V. Product Availability

Drug Name	Availability
Ofatumumab (Arzerra)	Single-use vial: 100 mg/5 mL, 1,000 mg/50 mL

VI. References

1. Arzerra Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2016. Available at https://www.us.arzerra.com. Accessed January 11, 2024.
2. Kesimpta Prescribing Information. East Hanover, NJ: Novartis; January 2024. Available at: www.kesimpta.com. Accessed February 1, 2024.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed January 31, 2024.
4. National Comprehensive Cancer Network. Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma Version 2.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/waldenstroms.pdf. Accessed January 31, 2024.
5. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline: disease-modifying therapies for adults with multiple sclerosis – report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018;90(17):777-88.
6. Genmab. Genmab announces plan to transition Arzerra (ofatumumab) to an oncology access program for chronic lymphocytic leukemia patients in the US. Press release published August 20, 2020. Available at: https://ir.genmab.com/news-releases/news-release-details/genmab-announces-plan-transition-arzerrar-ofatumumab-oncology/. Accessed February 1, 2024.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9302	Injection, ofatumumab, 10 mg (Arzerra)

Reviews, Revisions, and Approvals	Date
4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; updated	07/2018
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019
4Q 2020 annual review NCCN recommendations for B-cell lymphomas added; FDA/NCCN dosing limitation added; 12 doses added as maximum per PI for refractory CLL; Arzerra use in WM/LPL restated as second-line or subsequent therapy; references reviewed and updated.	10/2020
Added new subcutaneous dosage form Kesimpta to the policy for the treatment of multiple sclerosis; added primary progressive MS as a diagnosis not covered	01/2021
2Q 2021 annual review: CLL/SLL- added specific requirements if request is for use as first-line therapy per NCCN and FDA; references reviewed and updated.	04/2021
2Q 2022 annual review: no significant changes; clarified B-cell lymphoma criteria per NCCN recommendations; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.	04/2022
2Q 2023 annual review: for Arzerra, removed B-cell lymphoma criteria, SLL criteria, and off-label CLL uses per updated NCCN guidelines and limited commercial availability; revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.	04/2023
2Q 2024 annual review: removed any note of MS and Kesimpta; references reviewed and updated.	04/2024