

# Clinical Oversight Review Board (CORB) Criteria for Prescribing for Coverage

## Glofitamab (Columvi)

### Notes:

- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary **glofitamab (Columvi)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria:** Non-formulary **glofitamab (Columvi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by oncologist/Hematologist
- Patient is at least 18 years of age
- Patient has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)
- Patient has failed an adequate trial<sup>^</sup> of at least two prior lines of systemic chemotherapy

**Criteria for *current Kaiser Permanente members already taking the medication who have not been reviewed previously:*** Non-formulary **glofitamab (Columvi)** will be covered on the prescription drug benefit for total duration of 12 months when the following criteria are met:

- Prescribed by oncologist/Hematologist
- Patient is at least 18 years of age
- Patient has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

**Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:*** Non-formulary **glofitamab (Columvi)** will be covered on the prescription drug benefit for total duration of 12 months when the following criteria are met:

- Prescribed by oncologist/Hematologist
- Patient is at least 18 years of age
- Patient has a diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL)