Arzerra

Description

Arzerra (ofatumumab)

Background
Arzerra (ofatumumab) is a CD20-directed cytolytic monoclonal antibody indicated for the treatment of patients with chronic lymphocytic leukemia (CLL) refractory to fludarabine and/or alemtuzumab or rituximab. It is also used in combination with chlorambucil for previously untreated patients with chronic lymphocytic leukemia (CLL) for whom fludarabine-based therapy is considered inappropriate. All patients are pre-medicated with 1000mg of acetaminophen and 10mg of cetirizine at each infusion. Prior to infusions of 1, 9 and 12, each patient also receives glucocorticoid treatments (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 fludarabine 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 have not been established in children (1).

Related policies
Gazyva, Rituxan, Rituxan Hycela

Policy
This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Arzerra may be considered medically necessary in patients 18 years of age or older for the treatment of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) or for the treatment of Waldenstrom’s macroglobulinemia/lymphoplasmacytic lymphoma and if the conditions indicated below are met.

Arzerra may be considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses
Patients must have **ONE** of the following:

1. Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL)  
   AND **ONE** of the following:  
   a. Previously untreated patients  
      i. Used in combination with chlorambucil in previously untreated patients  
   b. Relapsed or refractory  
      i. Used in combination with fludarabine and cyclophosphamide  
   c. Extended treatment in patients  
      i. Complete or partial response after 2 previous therapies for recurrent or progressive CLL/SLL

2. Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma  
   a. Refractory or intolerant to rituximab  

   **AND** the following:  
   1. Hepatitis B virus screening before initiating treatment

**Prior-Approval Renewal Requirements**

**Age**  
18 years of age or older

**Diagnoses**  
Patients must have **ONE** of the following:  
1. Chronic Lymphocytic Leukemia  
2. Small Lymphocytic Lymphoma  
3. Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma  

**AND** the following:  
1. **NO** disease progression or unacceptable toxicity

**Policy Guidelines**

**Pre-PA Allowance**  
None

**Prior-Approval Limits**  
**Duration**  
6 months
Prior-Approval Renewal Limits

Duration 12 months

Rationale

Summary
Arzerra (ofatumumab) is a CD20-directed cytolytic monoclonal antibody indicated for the treatment of patients with chronic lymphocytic leukemia (CLL) refractory to fludarabine, and/or alemtuzumab or rituximab. Arzerra is also 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. Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are different manifestations of the same disease yet are managed in similar fashions. Arzerra should be limited to use in patients who are refractory to fludarabine and/or alemtuzumab or rituximab and have been heavily pretreated (1-2).

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

References

Policy History

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<td>December 2011</td>
<td>New Policy</td>
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<tr>
<td>September 2012</td>
<td>Annual editorial and reference update</td>
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<tr>
<td>March 2013</td>
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<td>Date</td>
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<tr>
<td>October 2013</td>
<td>Alemtuzumab (Campath) no longer commercially available. Addition of rituximab to criteria.</td>
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<tr>
<td>April 2014</td>
<td>Addition of a new indication for previously untreated with chronic lymphocytic leukemia (CLL) in combination with chlorambucil for whom fludarabine-based therapy is considered inappropriate</td>
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<td>December 2014</td>
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<td>December 2015</td>
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<tr>
<td>January 2016</td>
<td>Addition new indications: extended treatment in patients with complete or partial response after 2 previous therapies for recurrent or progressive CLL, change to require only on prior therapy for CLL and SLL and Waldenstrom’s macroglobulinemia/lymphoplasmacytic lymphoma in patients who are intolerant to rituximab. Addition of renewal section and duration of 12 months. Policy changed from 5.04.03 to 5.21.03.</td>
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<td>March 2016</td>
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<td>Addition of SLL to the CLL requirements</td>
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<td>Removal of one prior therapy for relapsed CLL and SLL and added used in combination with fludarabine and cyclophosphamide.</td>
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**Keywords**

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 20, 2019 and is effective on July 1, 2019.