BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.029

Section:	Prescription Drugs	**Effective Date:**	January 1, 2026
Subsection:	Antineoplastic Agents	**Original Policy Date:**	January 1, 2014
Subject:	Gazyva	**Page:**	1 of 8

Last Review Date: December 12, 2025

Gazyva

Description

Gazyva (obinutuzumab)

Background
Gazyva (obinutuzumab) is a monoclonal antibody intended to be used for treatment of patients with chronic lymphocytic leukemia (CLL), follicular lymphoma (FL), gastric or nongastric MALT lymphoma, splenic marginal zone lymphoma, nodal marginal zone lymphoma, and lupus nephritis. Gazyva works by helping certain cells in the immune system attack cancer cells. In particular, Gazyva targets the CD20 antigen expressed on the surface of the pre-B and mature B lymphocytes (1-4).

Regulatory Status
FDA-approved indications: Gazyva is a CD20-directed cytolytic antibody and is indicated: (1,5)

1. In combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL).
2. In combination with bendamustine followed by Gazyva monotherapy, for the treatment of patients with follicular lymphoma (FL) who relapsed after, or are refractory to, a rituximab-containing regimen.
3. In combination with chemotherapy followed by Gazyva monotherapy in patients achieving at least a partial remission, for the treatment of adult patients with previously untreated stage II bulky, III or IV follicular lymphoma.
4. For the treatment of adult patients with active lupus nephritis (LN) who are receiving standard therapy.
5. In combination with zanubrutinib, for the treatment of relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.

Off-Label Uses: (2-4)

1. Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)
    a. First-line therapy in patients without del(17p)/TP53
    b. First-line therapy in patients with del(17p)/TP53
    c. First-line therapy when used with Calquence (acalabrutinib)
    d. Patients unable to tolerate purine analogs as a single agent or in combination with chlorambucil
    e. Patients with relapsed or refractory disease as a single agent
2. Gastric MALT lymphoma in patients who relapsed after, or are refractory to, a rituximab-containing regimen and in combination with bendamustine
3. Nongastric MALT lymphoma in patients who relapsed after, or are refractory to, a rituximab-containing regimen and in combination with bendamustine
4. Splenic marginal zone lymphoma in patients who relapsed after, or are refractory to, a rituximab-containing regimen and in combination with bendamustine
5. Nodal Marginal Zone Lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen and in combination with bendamustine

Gazyva carries a boxed warning regarding hepatitis B virus (HBV) reactivation and progressive multifocal leukoencephalopathy (PML). Patients must be screened for HBV infection before treatment initiation. Positive patients must be monitored during and after Gazyva treatment. In the event of HBV reactivation, discontinue Gazyva and concomitant medications (1). Patients presenting with new onset or changes to pre-existing neurologic manifestations should be evaluated for the diagnosis of PML. Evaluation of PML includes, but is not limited to, consultation with a neurologist, brain MRI, and lumbar puncture. Discontinue Gazyva therapy and consider discontinuation or reduction of any concomitant chemotherapy or immunosuppressive therapy in patients who develop PML (1).

Gazyva can cause severe and life-threatening infusion reactions. Patients should be premedicated with acetaminophen, antihistamine and a glucocorticoid and closely monitored during the entire infusion (1).

Acute renal failure, hyperkalemia, hypocalcemia, hyperuricemia, and/or hyperphosphatemia from Tumor Lysis Syndrome (TLS) can occur within 12-24 hours after the first infusion. Patients with high tumor burden and/or high circulating lymphocyte count (>25 x 10^9/L) are at greater risk for TLS and should receive appropriate tumor lysis prophylaxis with anti-hyperuricemics (e.g., allopurinol) and hydration beginning 12-24 hours prior to the infusion of Gazyva. For treatment

of TLS, correct electrolyte abnormalities, monitor renal function, and fluid balance, and administer supportive care, including dialysis as indicated (1).

Serious bacterial, fungal, and new or reactivated viral infections can occur during and following Gazyva therapy. Do not administer Gazyva to patients with an active infection. Patients with a history of recurring or chronic infections may be at increased risk of infection (1).

Gazyva has been shown to cause life threatening neutropenia and thrombocytopenia. Patients must be continuously monitored for infection, thrombocytopenia, and hemorrhagic events. In patients with Grade 3 or 4 neutropenia, consider administration of granulocyte colony-stimulating factors (G-CSF) and/or dose delays of Gazyva. Patients with severe and long lasting (>1 week) neutropenia are strongly recommended to receive antimicrobial prophylaxis until resolution of neutropenia to Grade 1 or 2. Antiviral and antifungal prophylaxis should be considered as well. In patients with Grade 3 or 4 thrombocytopenia, platelet counts should be monitored frequently. Management of hemorrhage may require blood product support (1).

The safety and efficacy of immunization with live or attenuated viral vaccines during or following Gazyva therapy have not been studied. Immunization with live virus vaccines is not recommended during treatment and until B-cell recovery (1).

The safety and effectiveness of Gazyva in patients less than 18 years of age have not been established (1).

Related policies
Arzerra, Imbruvica, Rituximab, Treanda Bendeka, Zydelig

Policy

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

Gazyva may be considered **medically necessary** if the conditions indicated below are met.

Gazyva may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. CD20-positive chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) with **ONE** of the following:
    a. First-line therapy in patients without del(17p)/TP53
    b. First-line therapy in patients with del(17p)/TP53
    c. First-line therapy when used in combination with acalabrutinib
    d. Inadequate response or intolerance to purine analog
    e. Relapsed or refractory disease as a single agent

2. Follicular lymphoma (FL) with **ONE** of the following:
    a. Stage II bulky, III or IV
        i. Used in combination with chemotherapy during the initial 6 cycles of treatment followed by use as monotherapy
    b. Patient is relapsed or refractory to a rituximab-containing regimen
        i. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy
    c. Patient has relapsed or refractory follicular lymphoma
        i. Patient has received two or more lines of systemic therapy
        ii. Used in combination with Brukinsa (zanubrutinib)

3. Gastric or Nongastric MALT lymphoma
    a. Patient is relapsed or refractory to a rituximab-containing regimen
    b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

4. Splenic Marginal Zone lymphoma
    a. Patient is relapsed or refractory to a rituximab-containing regimen
    b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

5. Nodal Marginal Zone Lymphoma
    a. Patient is relapsed or refractory to a rituximab-containing regimen
    b. Used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy

6. Lupus nephritis (LN)

a. Patient must have active lupus nephritis
b. Patient must be receiving standard therapy (e.g., corticosteroids, cyclosporine, tacrolimus, cyclophosphamide, azathioprine, mycophenolate, and rituximab)

AND ALL of the following:

1. Absence of active infection
2. Patient has or will be screened for hepatitis B prior to initiation of therapy and will be continued to be monitored during treatment if positive
3. Patient will be monitored for signs and symptoms of progressive multifocal leukoencephalopathy (PML)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. CD20-positive chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL)
    a. **NO** disease progression or unacceptable toxicity
2. Follicular lymphoma (FL)
    a. **NO** disease progression or unacceptable toxicity
3. Gastric or Nongastric MALT lymphoma
    a. **NO** disease progression or unacceptable toxicity
4. Splenic Marginal Zone lymphoma
    a. **NO** disease progression or unacceptable toxicity
5. Nodal Marginal Zone Lymphoma
    a. **NO** disease progression or unacceptable toxicity
6. Lupus nephritis (LN)
    a. Patient must be receiving standard therapy (e.g., corticosteroids, cyclosporine, tacrolimus, cyclophosphamide, azathioprine, mycophenolate, and rituximab)
    b. Documented clinical benefit from therapy (i.e., decrease or stabilization of symptoms, improvement in functional impairment, decease of corticosteroid dose, decrease in pain medications, decrease in the number of exacerbations since prior to the start of Gazyva)

AND ALL of the following:

1. Absence of active infection
2. Patient will be monitored for signs and symptoms of progressive multifocal leukoencephalopathy (PML)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Gazyva (obinutuzumab) is a monoclonal antibody intended to be used for treatment of patients with previously untreated chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL), follicular lymphoma (FL), gastric or nongastric MALT lymphoma, splenic marginal zone lymphoma, nodal marginal zone lymphoma, and lupus nephritis. Gazyva carries a boxed warning regarding hepatitis B virus (HBV) reactivation and progressive multifocal leukoencephalopathy (PML). Gazyva can cause severe and life-threatening infusion reactions. Serious bacterial, fungal, and new or reactivated viral infections can occur during and following Gazyva therapy. Do not administer Gazyva to patients with an active infection. Gazyva has been shown to cause life-threatening neutropenia and thrombocytopenia. The safety and efficacy of immunization with live or attenuated viral vaccines during or following Gazyva therapy has not been studied. The safety and efficacy of Gazyva in patients less than 18 years of age have not been established (1-5).

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

References

1. Gazyva [package insert]. South San Francisco, CA: Genentech, Inc.; October 2025.
2. NCCN Drugs & Biologics Compendium® Obinutuzumab 2025. National Comprehensive Cancer Network, Inc. Accessed on November 5, 2025.
3. NCCN Clinical Practice Guidelines in Oncology® Chronic Lymphocytic Leukemia/ Small Lymphocytic Lymphoma (Version 1.2026). National Comprehensive Cancer Network, Inc. October 2025. Accessed on November 5, 2025.
4. NCCN Clinical Practice Guidelines in Oncology® B-cell Lymphomas (Version 3.2025). National Comprehensive Cancer Network, Inc. August 2025. Accessed on November 5, 2025.
5. Brukinsa [package insert]. San Mateo, CA: BeiGene USA, Inc.; January 2025.

Policy History

Date	Action
November 2013	Addition to PA
March 2014	Annual review
December 2014	Annual editorial review and reference update
December 2015	Annual review and reference update
March 2016	Addition of chronic lymphocytic leukemia (CLL)/ small lymphocytic lymphoma (SLL) with one of the following: first-line therapy in patients without del(11)q or del(17p)/TP53, first-line therapy in patients with del(11)q or del(17p)/TP53 when used in combination with chlorambucil, inadequate response or intolerance to purine analog, or relapsed or refractory disease; with follicular lymphoma (FL) when the patient is relapsed or refractory to a rituximab-containing regimen and used in combination with bendamustine during the initial 6 cycles of treatment followed by use as monotherapy; with gastric or nongastric MALT lymphoma that is relapsed or refractory to a rituximab-containing regimen; splenic marginal zone lymphoma that is relapsed or refractory to a rituximab-containing regimen. Policy number change from 5.04.29 to 5.21.29
September 2016	Annual review
June 2017	Annual editorial review and reference update Addition of age limit to renewal criteria

December 2017	Addition of Follicular lymphoma stage II bulky, III or IV used in combination with chemotherapy during the initial 6 cycles of treatment followed by use as monotherapy. Addition of nodal marginal zone lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen and in combination with bendamustine Addition of in combination with bendamustine for gastric or nongastric MALT lymphoma and splenic marginal zone lymphoma
March 2018	Annual review
June 2019	Annual review and reference update
March 2020	Annual review and reference update. Revised NCCN indications for CLL and SLL
June 2020	Annual review and reference update
March 2021	Annual editorial review and reference update
March 2022	Annual review and reference update
December 2022	Annual review and reference update. Changed policy number to 5.21.029
June 2023	Annual review and reference update
April 2024	Per Brukinsa PI update, added indication of relapsed or refractory follicular lymphoma in combination with zanubrutinib. Changed renewal duration to 12 months
June 2024	Annual review and reference update
June 2025	Annual review and reference update
November 2025	Per PI update, added indication of lupus nephritis
December 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.