

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Zevalin (ibritumomab tiuxetan)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Zevalin (ibritumomab tiuxetan) (Y-90) Intravenous Kit

APPROVAL CRITERIA

Requests for Zevalin (ibritumomab tiuxetan) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of one the following:
 - A. CD20+ relapsed or refractory, low-grade or follicular B-cell non-Hodgkin's Lymphoma (NHL); **OR**
 - B. Previously untreated CD20+ follicular NHL who achieve a partial or complete response to first-line chemotherapy.

Requests for Zevalin (ibritumomab tiuxetan) may not be approved for the following:

- I. Individually or in combination with other forms of irradiation or chemotherapy when the criteria above are not met; **OR**
- II. As a repeat course of treatment; **OR**
- III. As part of CD20+ lymphoma pre-transplant conditioning regimen; **OR**
- IV. Individual has $\geq 25\%$ bone marrow involvement and/or impaired bone marrow reserve.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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New Program Date 01/17/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

4. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 12, 2019.
 - a. B-Cell Lymphomas. V1.2020. Revised January 22, 2020.
 - b. Neuroendocrine and Adrenal Tumors. V1.2019. Revised March 5, 2019.
5. Zevalin® (ibritumomab tiuxetan) [product information]. Irvine, CA: Spectrum Pharmaceuticals, Inc. December 2018.

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