

# 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; **OR**
  - C. Individual is diagnosed with follicular lymphoma (NCCN 2A); **AND**
    1. Individual is less than 73 years old (Witzig, 2002); **AND**
    2. Individual has rituximab refractory disease; **AND**
    3. Individual is using as single-agent therapy; **AND**
    4. Individual is using as second-line and subsequent therapy.

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; **OR**
- V. All other indications not included above.

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. 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.; 2022; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 28, 2022.
  - a. B-Cell Lymphomas. V4.2020. Revised August 13, 2020.
5. Zevalin® (ibritumomab tiuxetan) [product information]. Irvine, CA: Spectrum Pharmaceuticals, Inc. December 2018.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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