

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; **OR**
- V. May not be approved when the above criteria are not met and for all other indications.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. 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.; 2023; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on December 15, 2023.
 - a. B-Cell Lymphomas. V6.2023. Revised October 10, 2023.
5. Zevalin® (ibritumomab tiuxetan) [product information]. Irvine, CA: Spectrum Pharmaceuticals, Inc. December 2018.
6. Witzig TE, Flinn IW, Gordon LI, et al. Treatment with ibritumomab tiuxetan radioimmunotherapy in patients with rituximab-refractory follicular non-Hodgkin's lymphoma. *J Clin Oncol*. 2002;20(15):3262-3269. doi:10.1200/JCO.2002.11.017

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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