# Pharmacy Pre-Authorization Criteria

## Drug(s)

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<th>Zevalin (ibritumomab tiuxetan)</th>
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## Policy #

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## Indications

ZEVALIN® (ibritumomab tiuxetan), as part of the ZEVALIN therapeutic regimen, is indicated for the treatment of patients with relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin’s lymphoma (NHL), including patients with follicular B-cell NHL that is refractory to Rituxan® (rituximab) therapy. Determination of the effectiveness of the ZEVALIN therapeutic regimen in a relapsed or refractory patient population is based on overall response rates. The effects of the ZEVALIN therapeutic regimen on survival are not known.

## Criteria

ConnectiCare considers Zevalin® (ibritumomab tiuxetan) to be medically necessary for patients who meet all of the following criteria:

- Patient has documented relapsed or refractory low-grade, follicular, or transformed B-cell non-Hodgkin’s lymphoma (NHL)
- Patient with previously untreated follicular non-Hodgkin lymphoma who achieve a partial or complete response to first-line chemotherapy
- Marrow involvement is less than 26 percent
- Platelet count is 100,000 cells/mm$^3$ or greater
- Neutrophil count is 1,500 cells/mm$^3$ or greater

## Limitations

The Zevalin® therapeutic regimen is intended as a single course of treatment. The safety of multiple courses of the Zevalin® therapeutic regimen, or combination of this regimen with other forms of irradiation or chemotherapy, has not been evaluated.

## References

1. Zevalin full prescribing information. Biogen IDEC, Cambridge, MA

## P&T Review History

3/04, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 2/16, 5/17, 5/18
### PHARMACY PRE-AUTHORIZATION CRITERIA

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