Ibritumomab (Zevalin®)	**Place of Service** Office Administration Outpatient Facility Administration Infusion Center Administration HCPCS: **A9543**, Y-90 Ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries

Condition(s) listed in policy (*see criteria for details*)

- B-cell lymphomas:
  - Follicular lymphoma
  - Primary cutaneous diffuse large B-cell lymphoma, leg type

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: ibritumomab is an anti-human antigen CD20 monoclonal antibody conjugated with the chelating agent tiuxetan, readily chelates the radioisotopes indium 111 and yttrium 90 and is used as a radioimmunotherapeutic agent

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Zevalin® (ibritumomab) NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Zevalin® (ibritumomab) NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

B-cell lymphomas

1. B-cell lymphoma of one of the following subtypes:
   a. Follicular lymphoma
   b. Primary cutaneous diffuse large B cell lymphoma, leg type

Covered dose
Up to 32 mCi (1184 MBq) IV for 1 dose

Coverage period
One course of treatment (1 dose)

ICD-10:
C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.30-C83.39, C85.20-C85.29

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
3.2 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Zevalin (2023). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. B-cell lymphomas (Version 5.2022). Available at http://www.nccn.org
- Zevalin® (ibritumomab) [Prescribing Information]. East Windsor, NJ: Acrotech Biopharma LLC.; 9/2019.

(7) Policy Update

Date of last review: 1Q2023

Date of next review: 1Q2024

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee