

Retifanlimab-dlwr (Zynyz™)

Place of Service
Office Administration
Outpatient Facility Administration
Infusion Center Administration

HCPCS: J3590

NDC:
50881-006-03: 500 mg/20 mL (25
mg/mL) single-dose vial

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

- [Merkel cell carcinoma](#)

AHFS therapeutic class: Antineoplastic agents

Mechanism of action: programmed death receptor-1 (PD-1)-blocking
monoclonal antibody

(1) Special Instructions and pertinent Information

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

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

All requests for Zynyz™ (retifanlimab-dlwr) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Merkel cell carcinoma

1. Disease is recurrent locally advanced or metastatic, **AND**
2. Being used as a single agent

Covered Doses

Up to 500 mg given by IV infusion every 4 weeks

Coverage Period

2 years

ICD-10:

C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20-C4A.22, C4A.30, C4A.31, C4A.39, C4A.4,
C4A.51, C4A.52, C4A.59-C4A.62, C4A.70-C4A.72, C4A.8, C4A.9, C7B.1, Z85.821

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

All requests for Zynyz™ (retifanlimab-dlwr) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED 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: 500 mg/20 mL (25 mg/mL) solution in a single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Zynyz™ (retifanimab-dlwr) [Prescribing information]. Wilmington, DE: Incyte Corporation, Inc.; 3/2023.

(7) Policy Update

Date of initial review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- New policy

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