

loncastuximab tesirine-lpyl (Zynlonta®)

Medical Benefit Drug Policy

Place of Service

Home Infusion
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: ANTINEOPLASTICS

Mechanism of Action: CD19-directed antibody and alkylating agent conjugate

HCPCS:

J9359:lnj lon tesirin-lpyl 0.075mg

How Supplied:

10 mg lyophilized powder in a single-dose vial

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

- AIDS-related B-cell lymphomas (e.g., HIV-related DLBCL, primary effusion lymphoma, HHV8-positive DLBCL not otherwise specified)
- Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL)
- Large B-cell lymphoma (including diffuse large B-cell lymphoma and high-grade B-cell lymphoma)
- Monomorphic post-transplant lymphoproliferative disorder (B-cell type)

Special Instructions and pertinent information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

AIDS-related B-cell lymphomas (e.g., HIV-related DLBCL, primary effusion lymphoma, HHV8-positive DLBCL not otherwise specified)

1. Being used as a single agent, AND
2. Patient has received at least two lines of systemic therapy

Covered Doses:

0.15 mg/kg given intravenously every 3 weeks for cycle 1 and cycle 2, followed by 0.075 mg/kg every 3 weeks for subsequent cycles

Coverage Period:
Indefinite

Histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL)

1. Being used as a single agent, AND
2. Patient has received at least one prior line of therapy

Covered Doses:

0.15 mg/kg given intravenously every 3 weeks for cycle 1 and cycle 2, followed by 0.075 mg/kg every 3 weeks for subsequent cycles

Coverage Period:
Indefinite

Large B-cell lymphoma (including diffuse large B-cell lymphoma and high-grade B-cell lymphoma)

1. Being used as a single agent, AND
2. Patient has received at least two lines of systemic therapy

Covered Doses:

0.15 mg/kg given intravenously every 3 weeks for cycle 1 and cycle 2, followed by 0.075 mg/kg every 3 weeks for subsequent cycles

Coverage Period:
Indefinite

Monomorphic post-transplant lymphoproliferative disorder (B-cell type)

1. Being used as a single agent, AND
2. Patient has received at least two lines of systemic therapy

Covered Doses:

0.15 mg/kg given intravenously every 3 weeks for cycle 1 and cycle 2, followed by 0.075 mg/kg every 3 weeks for subsequent cycles

Coverage Period:
Indefinite

References

1. Zynlonta® (loncastuximab tesirine-lpyl) [Prescribing information]. Murray Hill, NJ: ADC Therapeutics America; 10/2022.
2. AHFS®. Available by subscription at <http://www.lexi.com>
3. DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
4. National Comprehensive Cancer Network Drugs & Biologics Compendium. Zynlonta®(2023). Available by subscription at: <http://www.nccn.org>

Promise Health Plan

5. National Comprehensive Cancer Network. B-Cell Lymphomas (Version 6.2023). Available at: www.nccn.org/

Review History

Date of Last Annual Review: 1Q2024

Date of last revision: 01/28/2024

Changes from previous policy version:

- New indication: Added coverage for monomorphic post-transplant lymphoproliferative disorder (B-cell type). *Rationale: NCCN category 2A support*

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*