CVS Caremark®

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| Reference number(s) |
| 5754-A |

# Specialty Guideline Management Zevalin

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Zevalin | ibritumomab tiuxetan |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications

#### Relapsed or Refractory, Low-grade or Follicular NHL

Zevalin is indicated for the treatment of adult patients with relapsed or refractory, low-grade or follicular B-cell non-Hodgkin’s lymphoma (NHL).

#### Previously Untreated Follicular NHL

Zevalin is indicated for the treatment of previously untreated follicular NHL in adult patients who achieve a partial or complete response to first-line chemotherapy.

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Relapsed or Refractory, Low-grade or Follicular Non-Hodgkin’s Lymphoma (NHL)

Authorization of 3 months may be granted for treatment of relapsed or refractory, low-grade or follicular B-cell non-Hodgkin’s lymphoma (NHL).

### Previously Untreated Follicular NHL

Authorization of 3 months may be granted for previously untreated follicular NHL in members who have achieved a partial or complete response to first-line chemotherapy.

## References

1. Zevalin [package insert]. East Windsor, NJ: Acrotech Biopharma, LLC; April 2023.