

**ZYNYZ**  
**(retifanlimab-dlwr)**

## **Pre - PA Allowance**

None

---

## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Metastatic or recurrent locally advanced Merkel cell carcinoma

**AND ALL** of the following:

- a. Prescriber agrees to discontinue treatment for any immune-mediated adverse reaction (e.g., encephalitis, nephritis, rash, decreased renal function, and endocrinopathies) or disease progression]
- b. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Zynyz and for 4 months after the last dose

## **Prior - Approval Limits**

**Quantity** 3 vials every 84 days

**Duration** 12 months

---

## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

1. Metastatic or recurrent locally advanced Merkel cell carcinoma

**AND ALL** of the following:

- a. **NO** disease progression or unacceptable toxicity



**BlueCross  
BlueShield**

Federal Employee Program.

**ZYNYZ  
(retifanlimab-dlwr)**

- b. Prescriber agrees to discontinue treatment for any immune-mediated adverse reaction (e.g., encephalitis, nephritis, rash, decreased renal function, and endocrinopathies) or disease progression
- c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Zynyz and for 4 months after the last dose

**Prior - Approval *Renewal* Limits**

**Quantity**     3 vials every 84 days

**Duration**     12 months\*

\*One renewal **ONLY**