

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.

Reference number(s)
5754-A

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.