Medical Policy:

Zevalin Y-90 (ibritumomab tiuxetan) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.181	January 2, 2025	July 15, 2019

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Zevalin (ibritumomab tiuxetan) is a monoclonal antibody that is linked with a radioactive substance Yttrium-90 (Y-90). Ibritumomab binds specifically to the CD20 antigen found on pre-B and mature B lymphocytes and on > 90% of B-cell non-Hodgkin's lymphomas (NHL). The CD20 antigen is not shed from the cell surface and does not internalize upon antibody binding. The chelate tiuxetan, which tightly binds Y-90, is covalently linked to ibritumomab. The beta emission from Y-90 induces cellular damage by the formation of free radicals in the target and neighboring cells.

Zevalin® (ibritumomab tiuxetan), as part of the Zevalin therapeutic regimen is indicated for the treatment of patients with relapsed or refractory low-grade or follicular B-cell non-Hodgkin's lymphoma (NHL). The Zevalin therapeutic regimen is a combined treatment regimen of ibritumomab with rituximab.

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

Length of Authorization

Coverage will be provided for 1 treatment and may not be renewed.

Guideline

I. INITIAL APPROVAL CRITERIA

Zevalin may *be considered medically necessary if the conditions below are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Non-Hodgkin's Lymphoma (NHL)**
   A. Patient has documented relapsed or refractory low-grade or follicular B-cell non-Hodgkin's lymphoma (NHL); **OR**
   B. Patient with previously untreated follicular non-Hodgkin lymphoma who achieve a partial or complete response to first-line chemotherapy;

   AND
   C. Marrow involvement is less than 26 percent; **AND**
   D. Platelet count is 100,000 cells/mm^3 or greater; **AND**
   E. Documentation that therapy is being initiated at least 6 weeks but no more than 12 weeks following last dose of first-line chemotherapy (for untreated NHL ONLY)

Limitations/Exclusions

Zevalin is not considered medically necessary for when any of the following selection criteria is met:

1. Pediatric patients <18 years of age
2. Do not exceed 32mCi (1184 MBq) of Y-90 Zevalin (ibritumomab tiuxetan)
3. Patients with 25% bone marrow involvement and/or impaired bone marrow reserve
4. Patients with platelet counts <100,000 cells/mm^3

II. RENEWAL CRITERIA

Authorization coverage may **NOT** by be renewed

Dosage/Administration

Indication	Dose
Non-Hodgkin's Lymphoma, Relapsed or Refractory	– Day 1: infuse rituximab 250mg/m^2 IV, premedicate with PO acetaminophen 650mg and diphenhydramine 50mg – Day 7, 8, or 9: infuse rituximab 250mg/m^2 IV ○ If platelets $\geq$ 150,000/mm^3 administer 0.4 mCi/kg (14.8 MBq per kg) Y-90 Zevalin IV within 4 hours after rituximab infusion ○ If platelets $\geq$ 100,000/mm^3 but $\leq$ 149,000/mm^3 administer 0.3 mCi/kg (11.1 MBq per kg) Y-90 Zevalin IV within 4 hours after rituximab infusion
Non-Hodgkin's Lymphoma, Untreated	– Initiated at least 6 weeks but no later than 12 weeks following the last dose of first-line chemotherapy – Day 1: infuse rituximab 250mg/m^2 IV, premedicate with PO acetaminophen 650mg and diphenhydramine 50mg – Day 7, 8, or 9: infuse rituximab 250mg/m^2 IV ○ If platelets $\geq$ 150,000/mm^3 administer 0.4 mCi/kg (14.8 MBq per kg) Y-90 Zevalin IV within 4 hours after rituximab infusion

	○ If platelets ≥ 100,000/mm^3 but ≤ 149,000/mm^3 administer 0.3 mCi/kg (11.1 MBq per kg) Y-90 Zevalin IV within 4 hours after rituximab infusion

Applicable Procedure Codes

Code	Description
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries

Applicable NDCs

Code	Description
72893-0007-xx	Zevalin 3.2 mg per 2 mL single-use vial:

ICD-10 Diagnoses

Code	Description
C82.00 -C82.99	Follicular lymphoma
C83.00 - C83.09	Lymphosarcoma and reticulosarcoma, other named variants
C83.30 - C83.39	Lymphosarcoma and reticulosarcoma, other named variants
C83.90 - C83.99	Lymphosarcoma and reticulosarcoma, other named variants
C86.5 - C86.6	Lymphosarcoma and reticulosarcoma, other named variants
C84.a0 - C84.99	Cutaneous T-hyphencell and mature T/NK-hyphencell lymphomas
C88.4	Marginal zone lymphoma [gastric/nongastric MALT, primary cutaneous B-hyphencell lymphoma]

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/2/2025	Annual Review: No Criteria changes
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: Initial Criteria: Removed: "Neutrophil count is 1,500 cells/mm^3 or greater**;** AND" Exclusion Criteria: Removed **"**Patients with neutrophil counts <1,500 cells/mm^3" Updated NDC's: removed: 68152-0103-xx, added 72893-0007-xx
EmblemHealth & ConnectiCare	3/6/2023	Annual Review: No revisions
EmblemHealth & ConnectiCare	1/19/2023	Transfer to New Template
EmblemHealth & ConnectiCare	7/15/2019	New Policy

References

1. Zevalin [package insert]. Irvine, CA: Spectrum Pharmaceuticals: August 2013.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium- Ibritumomab tiuxetan 2018.
3. National Comprehensive Cancer Network. Practice guidelines for Non-Hodgkin's Lymphomas. Version.3.2016
4. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2018.