

## Zynlonta® (loncastuximab tesirine-lpyl) (Intravenous)

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### I. Length of Authorization

Coverage is provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- Pepaxto 20 mg single-dose vial: 2 vials every 28 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- 40 mg (billable units) on Day 1 of each 28-day treatment cycle

### III. Initial Approval Criteria<sup>1-5</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years or older; **AND**

#### Universal Criteria

- Patient does not have a history of serious allergic reactions to melphalan; **AND**
- Therapy will NOT be used as a conditioning regimen for transplant; **AND**

#### Multiple Myeloma (MM) †

- Patient has relapsed, refractory, or progressive disease; **AND**
- Used in combination with dexamethasone; **AND**
- Patient received at least four prior lines of therapy and is refractory to a proteasome inhibitor (e.g., bortezomib, carfilzomib, etc.) an immunomodulatory agent (e.g., lenalidomide, pomalidomide, etc.) and a CD38-directed antibody (e.g., daratumumab, isatuximab, etc.)

† FDA indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
D47.2	Monoclonal gammopathy
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
15	KY, OH	CGS Administrators, LLC