BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.203

| | | | |
|---|---|---|---|
| **Section:** | Prescription Drugs | **Effective Date:** | October 1, 2024 |
| **Subsection:** | Antineoplastic Agents | **Original Policy Date:** | April 14, 2023 |
| **Subject:** | Zynyz | **Page:** | 1 of 4 |

***Last Review Date:*** September 6, 2024

# Zynyz

## Description

### Zynyz (retifanlimab-dlwr)

**Background**
Zynyz (retifanlimab-dlwr) is a programmed death receptor-1 (PD-1) blocking antibody. Binding of the PD-1 ligands, PD-L1 and PD-L2, to the PD-1 receptor found on T cells, inhibits T-cell proliferation and cytokine production. Upregulation of PD-1 ligands occurs in some tumors and signaling through this pathway can contribute to inhibition of active T-cell immune surveillance of tumors. Zynyz binds to the PD-1 receptor, blocks interaction with its ligands PD-L1 and PD-L2, and potentiates T-cell activity (1).

**Regulatory Status**
FDA-approved indication: Zynyz is a programmed death receptor-1 (PD-1) blocking antibody indicated for the treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma (1).

Zynyz contains warnings for the following: immune-mediated adverse reactions, infusion-related reactions, and complications of allogenic hematopoietic stem cell transplantation (HSCT) (1).

Zynyz can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should be advised to use effective contraception during treatment with Zynyz and for 4 months after the last dose (1).

The safety and effectiveness of Zynyz have not been established in pediatric patients less than 18 years of age (1).

**Related Policies**
Keytruda, Loqtorzi, Opdivo

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Zynyz may be considered **medically necessary** if the conditions indicated below are met.

Zynyz may be considered **investigational** for all other indications.

## 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 *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
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

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

**Quantity** 3 vials every 84 days

**Duration** 12 months

### Prior – Approval *Renewal* Limits

**Quantity** 3 vials every 84 days

**Duration** 12 months*

*One renewal **ONLY**

## Rationale

**Summary**

Zynyz is a programmed death receptor-1 (PD-1) blocking antibody indicated for the treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma. Patients taking Zynyz should be monitored for immune-mediated adverse reactions. The safety and effectiveness of Zynyz have not been established in pediatric patients less than 18 years of age (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Zynyz while maintaining optimal therapeutic outcomes.

**References**

1. Zynyz [package insert]. Wilmington, DE: Incyte Corporation; April 2024.
2. NCCN Drugs & Biologics Compendium® Retifanlimab-dlwr 2024. National Comprehensive Cancer Network, Inc. Accessed on July 22, 2024.

## Policy History

| Date | Action |
|---|---|
| April 2023 | Addition to PA |
| September 2023 | Annual review and reference update |
| March 2024 | Annual review and reference update |
| September 2024 | Annual review and reference update |

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.**