

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Yervoy (ipilimumab)

DRUG.00046

Override(s)	Approval Duration
Prior Authorization	12 weeks

Medications
Yervoy (ipilimumab)

APPROVAL CRITERIA

Colorectal Cancer:

Requests for Yervoy (ipilimumab) may be approved for the treatment of individuals with metastatic colorectal cancer when all the following criteria are met:

- I. Yervoy (ipilimumab) is used in combination with nivolumab as subsequent therapy for metastatic colorectal cancer with defective mismatch repair (dMMR) or high microsatellite instability (MSI-H) mutations that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan; **AND**
- II. Current Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; **AND**
- III. Not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Melanoma (cutaneous and uveal):

Requests for Yervoy (ipilimumab) may be approved for the treatment of unresectable or metastatic melanoma when the following criteria are met:

- I. An individual has an ECOG performance status of 0-2 and meets criteria under either "II" or "III";
- II. Yervoy (ipilimumab) is used in combination with Opdivo (nivolumab) as;
 - A. First-line therapy; **OR**
 - B. Second-line or subsequent therapy for disease progression, if Opdivo (nivolumab) was not previously used; **OR**
- III. Yervoy (ipilimumab) is used as a single agent for one of the following:

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CRX-ALL-0277-18

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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- A. First line therapy as a single course of 4 treatments; **OR**
- B. Second-line or subsequent lines of therapy as a single course of 4 treatments; **OR**
- C. Retreatment, consisting of a 4-dose limit, for an individual who had no significant systemic toxicity during prior Yervoy (ipilimumab) therapy and whose disease progressed after being stable for greater than 6 months following completion of a prior course of Yervoy (ipilimumab), and for whom no intervening therapy has been administered.

Requests for Yervoy (ipilimumab) may be approved for the adjuvant treatment of melanoma in individual with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including lymphadenectomy.

Non-Small Cell Lung Cancer (NSCLC):

Requests for Yervoy (ipilimumab) may be approved for the *first-line* treatment of individuals with stage IV or recurrent NSCLC when all of the following criteria are met:

- I. Yervoy (ipilimumab) is used in combination with nivolumab; **AND**
- II. Cytologically confirmed stage IV or recurrent NSCLC; **AND**
- III. High tumor mutation burden (greater than or equal to 10 mutations per megabase); **AND**
- IV. No sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) translocations in nonsquamous carcinoma; **AND**
- V. Has not received prior systemic therapy as primary therapy for advanced or metastatic NSCLC; prior adjuvant or neoadjuvant chemotherapy is permitted as long as the last administration of the prior regimen occurred at least 6 months prior; **AND**
- VI. Current ECOG performance status of 0-2; **AND**
- VII. Not receiving therapy for an autoimmune disease, chronic condition or interstitial lung disease with a systemic immunosuppressant.

Renal Cell Carcinoma (RCC):

Requests for Yervoy (ipilimumab) may be approved for the treatment of individuals with intermediate- or poor-risk, advanced RCC when all the following criteria are met:

- I. Yervoy (ipilimumab) is used in combination with nivolumab, as first-line therapy for previously untreated RCC; **OR**

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- II. Yervoy (ipilimumab) is used in subsequent therapy with nivolumab if no checkpoint blockade (PD-1, PD-L1, or CTLA-4) antibody treatment has been previously administered;

AND

- III. Histologic confirmation of RCC with clear-cell component; **AND**
 IV. Current ECOG performance status 0-2; **AND**
 V. Not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Small Cell Lung Cancer:

Requests for Yervoy (ipilimumab) may be approved for the treatment of individuals with small cell lung cancer when the following criteria are met:

- I. Individual has an ECOG performance status of 0-2; **AND**
 II. Yervoy (ipilimumab) is used in combination with nivolumab as subsequent therapy for **one of the following:**
 A. Demonstrated disease relapse within 6 months following complete or partial response or stable with initial treatment; **OR**
 B. No response with initial treatment; **OR**
 C. Primary progressive disease.

Yervoy (ipilimumab) may **not** be approved for the following:

- I. Individual has an autoimmune disease which requires treatment with immunosuppressant drugs.
 II. When the above criteria are not met and for all other indications including, but not limited to: prostate cancer and pancreatic cancer.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Key References:

1. Bristol-Myers Squibb. An investigational immune-therapy study of nivolumab, and nivolumab with other anti-cancer drugs, in colon cancer that has come back or has spread (CheckMate-142). NLM Identifier: NCT02060188. Last updated April 30, 2018. Available at: <https://clinicaltrials.gov/ct2/show/NCT02060188>. Accessed on June 19, 2018.
2. Bristol-Myers Squibb. Phase 3 study of nivolumab or nivolumab plus ipilimumab versus ipilimumab alone in previously untreated advanced melanoma (CheckMate-067). NLM Identifier: NCT01844505. Last updated March 16, 2018. Available at: <https://www.clinicaltrials.gov/ct2/show/NCT01844505>. Accessed on June 7, 2018.
3. Ipilimumab Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised April 6, 2016. Accessed on June 8, 2018.
4. Ipilimumab (systemic). In: DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated May 30, 2018. Available at: <http://www.micromedexsolutions.com>. Accessed on June 8, 2018.
5. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on June 16, 2018.
6. NCCN Clinical Practice Guidelines in Oncology™. © 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 8, 2018.
 - Central Nervous System Cancers. (V.1.2018) Revised March 20, 2018.
 - Colon Cancer (V.2.2018) Revised March 14, 2018.
 - Kidney Cancer. (V.4.2018). Revised April 23, 2018.
 - Malignant Pleural Mesothelioma (V.2.2018). Revised February 26, 2018.
 - Melanoma (cutaneous) (V.2.2018). Revised January 19, 2018.
 - Non-Small Cell Lung Cancer (V.5.2018) Revised June 26, 2018.
 - Rectal Cancer (V.1.2018). Revised March 14, 2018.
 - Small Cell Lung Cancer (V.2.2018). Revised January 17, 2018.
 - Uveal Melanoma (V.1.2018). Revised March 15, 2018.
7. Yervoy® [Product Information]. Princeton, NJ. Bristol-Myers Squibb Company. July 10, 2018. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/125377s096lbl.pdf. Accessed on July 12, 2018.

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