Geisinger

POLICIES AND PROCEDURE MANUAL

Policy: MBP 91.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Yervoy (Ipilimumab)

I. Policy:
Yervoy (Ipilimumab)

II. Purpose/Objective:
To provide a policy of coverage regarding Yervoy (Ipilimumab)

III. Responsibility:
A. Medical Directors
B. Medical Management
C. Pharmacy Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:
Yervoy (Ipilimumab) is a recombinant, human monoclonal antibody that binds to the cytotoxic T-lymphocyte-associated antigen 4 (CTLA-4). Ipilimumab is an IgG1 kappa immunoglobulin with an approximate molecular weight of 148 kDa. Ipilimumab binds to CTLA-4 and blocks the interaction of CTLA-4 with its ligands, CD80/CD86. Blockade of CTLA-4 has been shown to augment T-cell activation and proliferation. The mechanism of action of ipilimumab's effect in patients with melanoma is indirect, possibly through T-cell mediated anti-tumor immune responses.

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

GRANDFATHER PROVISION – Members already established on therapy are eligible for approval as long as there is medical record documentation that the safety and effectiveness of use for the prescribed indication is supported by Food and Drug Administration (FDA) approval or adequate medical and scientific evidence in the medical literature

Yervoy (Ipilimumab) will be considered medically necessary for all lines of business when all of the following criteria are met:

1. Melanoma

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of unresectable or metastatic melanoma **AND**
- One of the following:
    - Medical record documentation of use in combination with nivolumab for first line therapy **OR**
    - Medical record documentation of use as a single agent or in combination with nivolumab as second-line or subsequent therapy for disease progression if not previously used **OR**
    - Medical record documentation of use as a single-agent reinduction therapy in select patients who experienced no significant systemic toxicity during prior ipilimumab therapy and who relapse after initial clinical response or progress after stable disease >3 months

OR

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of use as a single agent for adjuvant therapy:
    - For Stage IIIA with metastases > 1 mm, or Stage IIIB or Stage IIIC cutaneous melanoma with nodal metastases following a complete lymph node dissection or resection **OR**
    - Following complete lymph node dissection and/or complete resection of nodal recurrence

2. Renal Cell Carcinoma

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is ≥ 18 years of age **AND**
- Medical record documentation of <u>previously untreated</u> advanced renal cell carcinoma **AND**
- Medical record documentation that the patient is at intermediate to poor risk (defined as having 1 or more 6 prognostic risk factors as per the IMDC criteria*) **AND**
- Medical record documentation that Yervoy will be given in combination with nivolumab (Opdivo)

*IMDC Criteria risk factors include:

1. Less than one year from time of initial renal cell carcinoma diagnosis to randomization
2. Karnofsky performance status <80%
3. Hemoglobin less than the lower limit of normal
4. Corrected calcium of greater than 10 mg/dL
5. Platelet count greater than the upper limit of normal
6. Absolute neutrophil count greater than the upper limit of normal

3. Colorectal Cancer

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is ≥ 12 years of age **AND**
- Medical record documentation of a diagnosis of metastatic colorectal cancer **AND**
- Medical record documentation of microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease **AND**
- Medical record documentation of progression following treatment with a fluoropyrimidine, oxaliplatin, or irinotecan-based therapy **AND**
- Medical record documentation that Yervoy is being given in combination with nivolumab (Opdivo).

4. Hepatocellular Carcinoma (HCC)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation of a diagnosis of hepatocellular carcinoma (HCC) **AND**
- Medical record documentation of a therapeutic failure on or intolerance to sorafenib (Nexavar) **AND**
- Medical record documentation that Yervoy will be used in combination with nivolumab (Opdivo)

5. Non-Small Cell Lung Cancer (NSCLC)

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is ≥ 18 years of age **AND**

If the request is for first-line treatment of metastatic NSCLC expressing PD-L1 (≥ 1%):

- Medical record documentation of a diagnosis of metastatic non-small cell lung cancer (NSCLC) **AND**
- Medical record documentation of PD-L1 ≥ 1% as determined by an FDA-approved test **AND**
- Medical record documentation of no EGFR or ALK genomic tumor aberrations **AND**
- Medical record documentation that Yervoy will be used for first-line treatment in combination with Opdivo

If the request is for first-line treatment metastatic or recurrent NSCLC:

- Medical record documentation of a diagnosis of metastatic or recurrent non-small cell lung cancer (NSCLC) **AND**
- Medical record documentation of no EGFR or ALK genomic tumor aberrations **AND**
- Medical record documentation that Yervoy will be used for first-line treatment in combination with Opdivo and 2 cycles of platinum-doublet chemotherapy

6. Unresectable Malignant Pleural Mesothelioma

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is 18 years of age or older **AND**
- Medical record documentation of unresectable malignant pleural mesothelioma **AND**
- Medical record documentation of use in combination with nivolumab (Opdivo)

7. Esophageal Squamous Cell Carcinoma

- Prescription written by a hematologist/oncologist **AND**
- Medical record documentation that patient is 18 years of age or older **AND**
- Medical record documentation of unresectable advanced or metastatic esophageal squamous cell carcinoma (ESCC) **AND**
- Medical record documentation that Yervoy is being given in combination with nivolumab (Opdivo)

AUTHORIZATION DURATION:

For Unresectable or metastatic melanoma, colorectal cancer, Advanced Renal Cell Carcinoma, and hepatocellular carcinoma:
Approval will be for one (1) **6-month** authorization for the FDA-approved maximum of up to four (4) doses of Yervoy. Requests for authorization exceeding these limits will require the following:

- Medical record documentation of continued disease improvement or lack of disease progression **AND**
- Medical record documentation of peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration

For first line-treatment of metastatic NSCLC expressing PD-L1 (≥ 1%), for first-line treatment of metastatic or recurrent NSCLC, Esophageal Squamous Cell Carcinoma, and first line treatment of unresectable malignant pleural mesothelioma:

Initial approval will be for **6 months** or less if the reviewing provider feels it is medically appropriate. One subsequent approval will be for an additional **18 months** or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Authorization of Yervoy for the first line-treatment of metastatic NSCLC expressing PD-L1 (≥ 1%), for first-line treatment of metastatic or recurrent NSCLC, and first-line treatment of unresectable malignant pleural mesothelioma should not exceed the FDA-approved treatment duration of 2 years (24 months) in patients without disease progression. For requests exceeding the above limit, medical record documentation of the following is required:

- Peer-reviewed literature citing well-designed clinical trials to indicate that the member's healthcare outcome will be improved by dosing beyond the FDA-approved treatment duration

For Adjuvant melanoma:
Initial approval will be for **6 months**. Subsequent approvals will be for an additional **12 months** and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if the member experiences unacceptable toxicity or worsening of disease.

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

This policy will be revised as necessary and reviewed no less than annually**.**

Devised: 6/8/11

Revised: 2/12, 1/20/15 (authorization duration, formatting), 3/15/16 (new indication), 5/15/18 (RCC), 9/18/18 (colorectal), 5/19/20 (HCC in combo with Opdivo), 7/21/20 (NSCLC), 11/17/20 (mesothelioma), 7/20/21 (update melanoma), 7/19/22 (ESCC, added Medicaid PARP statement), 7/19/23 (LOB carve out, Medicaid business segment)

Reviewed: 1/14, 2/28/17, 1/24/18, 8/29/19