

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Yervoy Prior Authorization Policy

- Yervoy[®] (ipilimumab intravenous infusion – Bristol-Myers Squibb)

REVIEW DATE: 11/16/2022

OVERVIEW

Yervoy, a human cytotoxic T-lymphocyte antigen 4 (CTLA-4)-blocking antibody, is indicated for the following uses:¹

- **Colorectal cancer, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)**, in combination with Opdivo[®] (nivolumab intravenous infusion) for the treatment of patients ≥ 12 years of age with metastatic disease that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan. This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.
- **Esophageal cancer**, in combination with Opdivo for the first-line treatment of adults with unresectable advanced or metastatic esophageal squamous cell carcinoma.
- **Hepatocellular carcinoma**, in combination with Opdivo, for the treatment of patients who have been previously treated with Nexavar[®] (sorafenib tablets). This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.
- **Malignant pleural mesothelioma**, in combination with Opdivo, for the first-line treatment of adults with unresectable disease.
- **Melanoma**, unresectable or metastatic disease in patients ≥ 12 years of age.
- **Melanoma**, for unresectable or metastatic disease in adults, in combination with Opdivo.
- **Melanoma**, for adjuvant treatment of cutaneous disease in patients with pathologic involvement of regional lymph nodes of > 1 mm who have undergone complete resection, including total lymphadenectomy.
- **Non-small cell lung cancer (NSCLC)**, in combination with Opdivo, for the first-line treatment of adults with metastatic disease whose tumors express programmed death ligand-1 (PD-L1) [$\geq 1\%$], as determined by an FDA-approved test, with no epidermal growth factor receptor (*EGFR*) or anaplastic lymphoma kinase (*ALK*) genomic tumor aberrations.
- **NSCLC**, in combination with Opdivo and two cycles of platinum-doublet chemotherapy, for the first-line treatment of adults with metastatic or recurrent NSCLC, with no *EGFR* or *ALK* genomic tumor aberrations.
- **Renal cell carcinoma (RCC)**, advanced, in combination with Opdivo for the treatment of patients with intermediate or poor risk, previously untreated disease.

Guidelines

The National Comprehensive Cancer Network Compendium recommends Yervoy for the following conditions: melanoma (uveal, cutaneous, and brain metastases), bone cancer, small bowel adenocarcinoma, ampullary adenocarcinoma, kidney cancer, small cell lung cancer, malignant pleural mesothelioma, colon and rectal cancer, esophageal and esophagogastric junction cancer, hepatocellular carcinoma, neuroendocrine tumors, and NSCLC.²

POLICY STATEMENT

11/16/2022

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Prior Authorization is recommended for prescription benefit coverage of Yervoy. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Yervoy as well as the monitoring required for adverse events and long-term efficacy, approval requires the medication to be prescribed by or in consultation with a prescriber who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Yervoy is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Colon, Rectal, or Appendiceal Cancer.** Approve for 4 months if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 12 years of age; AND
 - B) The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); AND
 - C) Patient meets ONE of the following criteria (i or ii):
 - i. Patient has tried chemotherapy; OR
Note: Examples of chemotherapy are fluoropyrimidine such as 5-fluorouracil (5-FU), capecitabine, oxaliplatin, irinotecan, or an adjunctive chemotherapy regimen such as FOLFOX (5-FU, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin).
 - ii. Patient has unresectable, advanced, or metastatic disease; AND
 - D) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
 - E) The medication is prescribed by or in consultation with an oncologist.
- 2. Esophageal and Esophagogastric Junction Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, F, and G):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has squamous cell carcinoma; AND
 - C) Tumor is human epidermal growth factor receptor 2 (HER2) overexpression negative; AND
 - D) Patient meets ONE of the following (i or ii):
 - i. Patient has unresectable advanced or metastatic disease; OR
 - ii. According to the prescriber, the patient is not a surgical candidate; AND
 - E) The medication will be used for first-line therapy; AND
 - F) The medication will be used in combination with Opdivo (nivolumab intravenous infusion); AND
 - G) The medication is prescribed by or in consultation with an oncologist.
- 3. Hepatocellular Carcinoma.** Approve for 4 months if the patient meets ALL of the following (A, B, C, and D):
 - A) Patient is ≥ 18 years of age; AND
 - B) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
 - C) Patient has tried at least one tyrosine kinase inhibitor; AND
Note: Examples are Nexavar (sorafenib tablets), Lenvima (levatinib capsules).
 - D) The medication is prescribed by or in consultation with an oncologist.
- 4. Melanoma.** Approve for the duration noted if the patient meets ALL of the following (A, B, and C):
Note: This includes cutaneous melanoma, brain metastases due to melanoma, and uveal melanoma.

- A) Patient is ≥ 12 years of age; AND
 - B) Patient meets ONE of the following (i or ii):
 - a) Approve for 4 months if the patient has unresectable, recurrent, or metastatic melanoma; OR
 - b) Approve for 1 year if Yervoy is used as adjuvant treatment; AND
Note: For example, in patients with cutaneous melanoma who have undergone complete resection, including total lymphadenectomy.
 - C) The medication is prescribed by or in consultation with an oncologist.
5. **Mesothelioma.** Approve for 1 year if the patient meets the following (A, B, C, and D):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient has ONE of the following (i, ii, iii, or iv):
 - i. Malignant pleural mesothelioma; OR
 - ii. Malignant peritoneal mesothelioma; OR
 - iii. Pericardial mesothelioma; OR
 - iv. Tunica vaginalis testis mesothelioma; AND
 - C) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
 - D) The medication is prescribed by or in consultation with an oncologist.
6. **Non-Small Cell Lung Cancer (NSCLC).** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient has recurrent, advanced, or metastatic disease; AND
 - C) Patient meets one of the following (i, ii, or iii):
 - i. Yervoy is used as first-line or continuation maintenance therapy and the patient meets BOTH of the following (a and b):
Note: This is regardless of PD-L1 status.
 - a) The medication will be used in combination with Opdivo (nivolumab intravenous infusion); AND
 - b) The tumor is negative for actionable mutations; OR
Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (*EGFR*) mutation, anaplastic lymphoma kinase (*ALK*) fusions, *NTRK* gene fusion-positive, *ROS1*, *BRAF V600E*, *MET 14* skipping mutation, *RET* rearrangement.
 - ii. Yervoy is used as first-line therapy and the patient meets BOTH of the following (a and b):
 - a) The tumor is positive for one of the following mutations [(1), (2), or (3)]:
 - (1) Epidermal growth factor receptor (*EGFR*) exon 20 mutation; OR
 - (2) *KRAS G12C* mutation; OR
 - (3) *ERBB2* (HER2) mutation; AND
 - b) The medication will be used in combination with Opdivo (nivolumab intravenous infusion); OR
 - iii. Yervoy is used as first-line or subsequent therapy and the patient meets BOTH of the following (a and b):
 - a) The tumor is positive for one of the following mutations [(1), (2), (3), or (4)]:
 - (1) *BRAF V600E* mutation; OR
 - (2) *NTRK1/2/3* gene fusion; OR
 - (3) *MET* exon 14 skipping mutation; OR
 - (4) *RET* rearrangement; AND
 - b) The medication will be used in combination with Opdivo (nivolumab intravenous infusion); OR
 - iv. Yervoy is used as subsequent therapy and the patient meets ALL of the following (a, b, and c):
 - a) Tumor is positive for one of the following [(1), (2), (3), or (4)]:
 - (1) Epidermal growth factor receptor (*EGFR*) exon 19 deletion or *L858R* mutation; OR

- (2) Epidermal growth factor receptor (*EGFR*) *S768I*, *L861Q*, and/or *G719X* mutation; OR
- (3) *ALK* rearrangement; OR
- (4) *ROS1* rearrangement; AND
- b) The patient has received targeted drug therapy for the specific mutation; AND
Note: Examples of targeted drug therapy include Gilotrif (afatinib tablets), Tagrisso (osimertinib tablets), erlotinib, Iressa (gefitinib tablets), Xalkori (crizotinib capsules), Zykadia (ceritinib capsules), Alecensa (alectinib capsules), Alunbrig (brigatinib tablets), Lorbrena (lorlatinib tablets), Rozlytrek (entrectinib capsules), or Vizimpro (dacomitinib tablets).
- c) Yervoy is used in combination with Opdivo (nivolumab intravenous infusion); AND
- D) The medication is prescribed by or in consultation with an oncologist.

7. Renal Cell Carcinoma. Approve for 4 months if the patient meets the following criteria (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced (e.g., relapsed, Stage IV, metastatic) disease; AND
- C) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
- D) The medication is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

8. Ampullary Adenocarcinoma. Approve for 4 months if the patient meets the following (A, B, C, D, E, and F):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has intestinal type disease; AND
- C) Patient has progressive, unresectable, or metastatic disease; AND
- D) The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); AND
- E) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
- F) The medication is prescribed by or in consultation with an oncologist.

9. Bone Cancer. Approve for 1 year if the patient meets the following (A, B, C, D, E, F, and G):

- A) Patient is ≥ 12 years of age; AND
- B) Patient has unresectable or metastatic disease; AND
- C) Patient has progressed following prior treatment; AND
- D) Patient has tumor mutation burden-high (TMB-H) disease defined as 10 or more mutations per megabase; AND
- E) Patient has one of the following (i, ii, iii, iv, or v):
 - i. Chondrosarcoma; OR
Note: Includes mesenchymal chondrosarcoma and dedifferentiated chondrosarcoma.
 - ii. Chordoma; OR
 - iii. Ewing sarcoma; OR
 - iv. High-grade undifferentiated pleomorphic sarcoma; OR
 - v. Osteosarcoma; AND
- F) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
- G) The medication is prescribed by or in consultation with an oncologist.

10. Neuroendocrine Tumors. Approve for 1 year if the patient meets the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced or metastatic disease; AND
- C) Patient meets one of the following (i, ii, iii, or iv):
 - i. Patient has well differentiated, Grade 3 disease; OR

- ii. Patient has extrapulmonary poorly differentiated neuroendocrine carcinoma; OR
- iii. Patient has large or small cell disease carcinoma; OR
- iv. Patient has mixed neuroendocrine-non-neuroendocrine neoplasm; AND
- D) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
- E) The medication is prescribed by or in consultation with an oncologist.

11. Small Bowel Adenocarcinoma. Approve for 1 year if the patient meets the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced or metastatic disease; AND
- C) The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); AND
- D) The medication is used in combination with Opdivo (nivolumab intravenous infusion); AND
- E) The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Yervoy is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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