

SPECIALTY GUIDELINE MANAGEMENT

YERVOY (ipilimumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. **Unresectable or Metastatic Melanoma**
Yervoy is indicated for the treatment of unresectable or metastatic melanoma in adults and pediatric patients (12 years and older).
2. **Adjuvant Treatment of Melanoma**
Yervoy is indicated for the adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy.
3. **Advanced Renal Cell Carcinoma**
Yervoy, in combination with nivolumab, is indicated for the treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC).
4. **Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Metastatic Colorectal Cancer**
Yervoy, in combination with nivolumab, is indicated for the treatment of adult and pediatric patients 12 years of age and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.

B. Compendial Uses

1. Cutaneous melanoma
2. Uveal melanoma
3. Central nervous system (CNS) brain metastases
4. Small cell lung cancer
5. Non-small cell lung cancer
6. Kidney cancer
7. Colorectal cancer
8. Malignant pleural mesothelioma

All other indications are considered experimental/investigational and are not a covered benefit.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: documentation of laboratory report confirming MSI-H or mismatch repair deficient (dMMR) tumor status, where applicable.

III. CRITERIA FOR INITIAL APPROVAL

A. Cutaneous Melanoma

Authorization of 6 months may be granted for treatment of cutaneous melanoma when either of the following conditions is met:

1. Yervoy will be used as a single agent or in combination with nivolumab (for a maximum of 4 doses) for metastatic or unresectable disease.
2. Yervoy will be used as a high-dose single agent (up to 3 years) as adjuvant treatment following complete lymph node resection or complete resection of metastatic disease.

B. Uveal Melanoma

Authorization of 6 months may be granted as a single agent or in combination with nivolumab for treatment of uveal melanoma for distant metastatic disease.

C. CNS Brain Metastases

Authorization of 6 months may be granted as a single agent or in combination with nivolumab for treatment of CNS brain metastases in members with melanoma.

D. Small Cell Lung Cancer

Authorization of 6 months may be granted as subsequent therapy in combination with nivolumab for treatment of small cell lung cancer when either of the following conditions is met:

1. Member has relapse within 6 months following complete or partial response or stable disease with initial treatment.
2. Disease is primary progressive.

E. Non-small Cell Lung Cancer

Authorization of 6 months may be granted in combination with nivolumab for treatment of non-small cell lung cancer for disease with tumor mutational burden (TMB).

F. Kidney Cancer

Authorization of 6 months may be granted for treatment of kidney cancer, including renal cell carcinoma, in combination with nivolumab (for 4 cycles, followed by single agent nivolumab) for relapsed, advanced, or stage IV disease, in any of the following settings:

1. First-line therapy for poor or intermediate risk.
2. First-line therapy for clear cell histology and favorable risk.
3. Subsequent therapy for clear cell histology.

G. Colorectal Cancer

Authorization of 6 months may be granted for treatment of colorectal cancer, including small bowel adenocarcinoma, appendiceal carcinoma, and anal adenocarcinoma for microsatellite instability-high or mismatch repair deficient tumors when either of the following criteria is met:

1. Yervoy will be used in combination with nivolumab (for a maximum of 4 doses) as primary treatment for unresectable metachronous metastases and previous adjuvant FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months.
2. Yervoy will be used in combination with nivolumab (for a maximum of 4 doses and if no previous treatment with a checkpoint inhibitor) as subsequent therapy for unresectable advanced or metastatic disease following previous oxaliplatin- irinotecan- and/or fluoropyrimidine-based therapy.

H. Malignant Pleural Mesothelioma

Authorization of 6 months may be granted in combination with nivolumab for subsequent treatment of malignant pleural mesothelioma.

Reference number(s)
1796-A

IV. CONTINUATION OF THERAPY

A. Adjuvant treatment of melanoma

Authorization of 6 months may be granted (up to 3 years) for continued treatment in members requesting reauthorization for adjuvant melanoma who have not experienced disease progression or an unacceptable toxicity.

B. Cutaneous Melanoma, Kidney Cancer, Colorectal Cancer

Authorization of 6 months may be granted (up to 4 doses maximum, if member has not already received 4 doses), for continued treatment in members requesting reauthorization for cutaneous melanoma, kidney cancer, and colorectal cancer who have not experienced disease progression or unacceptable toxicity.

C. All Other Indications

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III who have not experienced disease progression or an unacceptable toxicity.

V. REFERENCES

1. Yervoy [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2019.
2. The NCCN Drugs & Biologics Compendium 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed July 12, 2019.
3. Clinical Pharmacology powered by ClinicalKey [database online]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2019. <http://www.clinicalpharmacology-ip.com/default.aspx>. Accessed July 17, 2019.
4. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed July 17, 2019.
5. Danielli R, Ridolfi R, Chiarion-Sileni V, et al. Ipilimumab in pretreated patients with metastatic uveal melanoma: Safety and clinical efficacy. *Cancer Immunol Immunother*. 2012;61(1):41-48.
6. Piulats JM, Cruz-Merino LDL, Garcia MTC, et al. Phase II multicenter, single arm, open label study of nivolumab (NIVO) in combination with ipilimumab (IPI) as first line in adult patients (pts) with metastatic uveal melanoma (MUM): GEM1402 NCT02626962 (abstract). *J Clin Oncol* 2017;35:Abstr 9533.