Yervoy (ipilimumab)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Yervoy (ipilimumab) drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines, and clinical studies. Yervoy (ipilimumab) is a recombinant, human monoclonal antibody that binds to the cytotoxic T-lymphocyte-associated antigen 4 (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 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.

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

©2021 CVS Caremark. All rights reserved

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.

5. Hepatocellular Carcinoma
   Yervoy is indicated for the treatment of hepatocellular carcinoma in combination with nivolumab, in patients who have been previously treated with sorafenib.

6. Non-small Cell Lung Cancer
   Yervoy is indicated for the treatment of adult patients with metastatic non-small cell lung cancer expressing PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, as first-line treatment in combination with nivolumab.

   Yervoy is indicated for the treatment of adult patients with metastatic or recurrent non-small cell lung cancer with no EGFR or ALK genomic tumor aberrations as first-line treatment, in combination with nivolumab and 2 cycles of platinum-doublet chemotherapy

7. Malignant Pleural Mesothelioma
   Yervoy, in combination with nivolumab, is indicated for the treatment of adult patients with unresectable malignant pleural mesothelioma, as first-line treatment.

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
9. Hepatocellular carcinoma

POLICY

Required 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.

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

©2021 CVS Caremark. All rights reserved

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 (NSCLC)

Authorization of 6 months may be granted for treatment of non-small cell lung cancer in any of the following settings:

1. For treatment of recurrent, advanced or metastatic disease when used following EGFR or ALK therapy if EGFR or ALK positive in combination with nivolumab.
2. For treatment of disease with tumor mutational burden (TMB) in combination with nivolumab.
3. For treatment of recurrent, advanced, or metastatic disease when used following EGFR or ALK therapy if EGFR or ALK positive in combination with nivolumab and 2 cycles of platinum-doublet chemotherapy.

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 treatment of malignant pleural mesothelioma.

I. Hepatocellular Carcinoma

Authorization of 6 months may be granted in combination with nivolumab (for a maximum of 4 doses) for subsequent treatment of hepatocellular carcinoma.

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 when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

B. Cutaneous Melanoma, Kidney Cancer, Colorectal Cancer, Hepatocellular 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, colorectal cancer, and hepatocellular cancer when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

©2021 CVS Caremark. All rights reserved

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 when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Yervoy is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J9228 Injection, ipilimumab, 1mg

REFERENCES

- Yervoy [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2020.
- The NCCN Drugs & Biologics Compendium 2020 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 20, 2020.
- 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.
- 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.
- 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.
- 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.

POLICY HISTORY

Policy #: 05.02.23
Original Effective Date: September 14, 2017
Reviewed: October 2020
Revised: November 2020
Current Effective Date: January 19, 2021

©2021 CVS Caremark. All rights reserved