

Medical Policy:

Yervoy (ipilimumab) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.112	January 2, 2025	January 1, 2020

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EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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Length of Authorization

Renal Cell Carcinoma (RCC)/ Cutaneous Melanoma (unresectable or metastatic)/Colorectal Cancer (CRC)/ Hepatocellular Carcinoma/Ampullary Adeocarcinoma/CNS Metastases from Melanoma/Small Bowel Adenocarcinoma/Ampullary Adenocarcinoma

- Coverage will be provided for 12 weeks (may be extended to 16 weeks if 4 doses were not administered within the 12 week time frame) and may not be renewed (*unless the patient meets the provisions for metastatic or unresectable melanoma re-induction*).

Cutaneous Melanoma (single agent adjuvant therapy)

- Coverage for adjuvant treatment will be provided for six months and may be renewed for up to 3 years of therapy total. (17 doses total [initial and maintenance doses combined])

Esophageal Cancer/Malignant Plural Mesothelioma/Non-Small Cell Lung Cancer/Bone Cancer

- Coverage will be provided for 6 months and may be renewed up to a maximum of two years of therapy

Dosing Limits [Medical Benefit]

A. Max Units (per dose and over time):

- **Unresectable or metastatic Melanoma**
 - 350 billable units per 21 days x 4 doses
- **Adjuvant treatment of Melanoma**
 - 1150 billable units per 21 days x 4 doses; then 1150 billable units per 84 days
- **Malignant Pleural Mesothelioma**
 - 150 billable units per 42 days
- **CNS metastases from Melanoma**
 - Initial authorization: 1150 billable units per 21 days x 4 doses
 - Subsequent authorizations: 1150 billable units per 84 days
- **Colorectal Cancer (CRC)**
 - 150 billable units per 21 days
- **Renal Cell Carcinoma (RCC)**
 - 150 billable units per 21 days x 4 doses
- **Hepatocellular Carcinoma (HCC)**
 - 350 billable units per 21 days x 4 doses
- **Non-Small Cell Lung Cancer (NSCLC)**
 - 150 billable units per 42 days
- **Esophageal Cancer**
 - 150 billable units per 42 days
- **Ampullary Adenocarcinoma**
 - 150 billable units per 21 days
- **Bone Cancer**
 - 150 billable units per 42 days
- **Small Bowel Adenocarcinoma**
 - 150 billable units per 21 days

Guideline

I. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is 18 years or older, unless otherwise indicated; **AND**

1. Cutaneous Melanoma †

- A. Used as first-line therapy for unresectable or metastatic* disease †; **AND**
 - i. Patient is at least 12 years of age; **AND**
 - ii. Used as a single agent or in combination with nivolumab; **OR**
- B. Used as initial therapy for limited resectable local satellite/in-transit recurrence; **AND**
 - i. Used as a single-agent; **AND**
 - ii. Patient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab); **OR**
- C. Used as subsequent therapy for unresectable or metastatic* disease; **AND**
 - i. Used after disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); **AND**

- a. Used as a single agent in patients at least 12 years of age if not previously used alone or in combination with anti-PD-1 therapy †; **OR**
 - b. Used in combination with nivolumab in patients at least 12 years of age if not previously used or for patients who progress on single agent anti-PD-1 therapy †; **OR**
 - c. Used in combination with pembrolizumab, if not previously used alone or in combination with anti-PD-1 therapy, for patients who progress on single agent anti-PD-1 therapy; **OR**
 - ii. Used as re-induction therapy in patients who experienced disease control (i.e., complete or partial response or stable disease) and no residual toxicity from prior use, but subsequently have disease progression/relapse > 3 months after treatment discontinuation; **AND**
 - a. Used as a single agent or in combination with anti-PD-1 therapy; **AND**
 - b. Patient has completed initial induction ipilimumab therapy (i.e., completion of 4 cycles within a 16 week period); **OR**
- D. Used as adjuvant treatment; **AND**
- i. Used as a single agent; **AND**
 - a. Patient has pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy†; **OR**
 - b. Patient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab); **AND**
 - 1.) Patient has local satellite/in-transit recurrence and has no evidence of disease after complete excision †; **OR**
 - 2.) Patient has resectable disease limited to nodal recurrence following excision and complete therapeutic lymph node dissection (TLND) **OR** following neoadjuvant therapy †; **OR**
 - 3.) Patient has oligometastatic disease and no evidence of disease following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection †; **OR**
 - ii. Used in combination with nivolumab; **AND**
 - a. Patient has oligometastatic disease and no evidence of disease following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection

**Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, or as well as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease.*

2. Unresectable Malignant Pleural Mesothelioma (MPM) †

- A. Used in combination with nivolumab; **AND**
 - i. Used as subsequent therapy (if chemotherapy was administered first-line); **OR**
 - ii. Used as first-line therapy; **AND**

- a. Patient has clinical stage IIIB or IV disease; **OR**
- b. Patient has sarcomatoid or biphasic histology; **OR**
- c. Disease is medically inoperable or unresectable; **OR**
- d. Patient has clinical stage I-III A disease with epithelioid histology and did not receive induction chemotherapy

**Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma*

3. Renal Cell Carcinoma (RCC) †

- A. Used as initial therapy in combination with nivolumab for clear cell histology; **AND**
 - i. Used as first-line therapy in patients with favorable risk relapsed or stage IV disease; **OR**
 - ii. Used as first-line therapy in patients with poor or intermediate risk advanced, relapsed, or stage IV disease; **OR**
 - iii. Used as subsequent therapy with relapsed or stage IV disease

4. Non-small Cell Lung Cancer (NSCLC) †

- A. Patient has recurrent, advanced, or metastatic disease; **AND**
- B. 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)

5. Central nervous system cancers ‡

- A. Patient must have brain metastases from melanoma; **AND**
- B. Used in combination with nivolumab or as a single agent; **AND**
 - i. Used as initial treatment in patients with small asymptomatic brain metastases; **OR**
 - ii. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; **OR**
 - iii. Patient has recurrent limited brain metastases; **OR**
 - iv. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

6. Microsatellite Instability-High (MSI-H)/Mismatch Repair Deficient (dMMR) Colorectal Cancer †

- A. Patient must be at least 12 years of age; **AND**
- B. Used in combination with nivolumab; **AND**
- C. Patient's disease must be microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); **AND**
- D. Patient has metastatic disease that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan

7. Hepatocellular Carcinoma (HCC) †

- A. Used in combination with nivolumab; **AND**
- B. Used as subsequent therapy for progressive disease; **AND**
- C. Patient has Child-Pugh Class A; **AND**
 - i. Patient was previously treated with sorafenib; **OR**
 - ii. Unresectable disease and is not a transplant candidate; **OR**
 - iii. Liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; **OR**
 - iv. Metastatic disease or extensive liver tumor burden

8. Esophageal Cancer †

- A. Patient is ≥ 18 years of age; **AND**
- B. Patient has squamous cell carcinoma; **AND**

- C. 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**
- D. The medication will be used for first-line therapy; **AND**
- E. The medication will be used in combination with Opdivo (nivolumab intravenous infusion)

9. Ampullary Adenocarcinoma ‡

- A. Patient is ≥ 18 years of age; **AND**
- B. The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); **AND**
- C. The medication is used in combination with Opdivo (nivolumab intravenous infusion); **AND**
 - i. Used as first-line therapy for unresectable or metastatic intestinal type disease; **OR**
 - ii. Used as subsequent therapy for disease progression

10. Bone Cancer‡

- 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, or iii)
 - i. Chondrosarcoma; **OR** *Note: Excludes mesenchymal chondrosarcoma.*
 - ii. Chordoma; **OR**
 - iii. Osteosarcoma; **AND**
- D. The medication is used in combination with Opdivo (nivolumab intravenous infusion)

11. Small Bowel Adenocarcinoma‡

- 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)

II. Renewal Criteria

- Patient continues to meet the criteria identified above; **AND**
 - Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: immune-mediated reactions (e.g. enterocolitis, hepatitis, dermatitis, neuropathies, endocrinopathies like hypopituitarism, hypothyroidism, hypogonadism, or adrenal insufficiency, and ocular disease, etc.); **AND**
1. **Cutaneous Melanoma (metastatic or unresectable disease) ‡**
 - A. Patient has completed initial induction (completion of 4 cycles within a 16 week period); **AND**

- i. Used as re-induction therapy in patients who experienced disease control, but subsequently disease progression/relapse > 3 months after treatment discontinuation; **OR**
 - ii. Used as subsequent therapy, in combination with nivolumab, in patients who experienced disease relapse and/or progression within 3 months after initial monotherapy with ipilimumab
2. **Cutaneous Melanoma Maintenance therapy (adjuvant treatment)**
 - A. Tumor response/absence of recurrence; **AND**
 - B. Length of therapy has not exceeded 3 years
 3. **Malignant Pleural Mesothelioma/Non- Small Cell Lung Cancer/Bone Cancer/Esophageal Cancer (first-line therapy for disease that is NOT MSI-H/dMMR)**
 - A. Tumor response/ absence of recurrence; **AND**
 - B. Length of therapy has not exceeded 2 years.
 4. **Renal Cell Carcinoma (RCC)/Hepatocellular Carcinoma/ CNS metastases from melanoma/Colorectal Cancer/Ampillary Adenocarcinoma/Small Bowel Adenocarcinoma/ Esophageal Cancer (MSI-H/dMMR)**
 - A. Coverage may NOT be renewed.

† FDA approved indication(s); ‡ Compendia recommended indication

Limitations/Exclusions

Yervoy is considered investigational when used for any indication not listed above.

Applicable Procedure Codes

Code	Description
J9228	Injection, ipilimumab, 1 mg: 1 billable unit = 1 mg

Applicable NDCs

Code	Description
00003-2328-xx	Yervoy 200 mg/40 mL injection
00003-2327-xx	Yervoy 50 mg/10 mL injection

ICD-10 Diagnoses

Code	Description
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon

C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C38.4	Malignant neoplasm of pleura
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip

C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C45.0	Mesothelioma of pleura
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.820	Personal history of malignant melanoma of skin

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/2/2025	Annual Review: Updated length of authorization and dosing limits. Initial Criteria: Unresectable Malignant Pleural Mesothelioma (MPM) † Removed and reworded “Used as a first-line therapy: Ipilimumab is used in combination with nivolumab. OR Used as a subsequent systemic therapy‡ Ipilimumab is used in combination with nivolumab (if not administered first-line). To the following: “Used in combination with nivolumab; AND Used as subsequent therapy (if

		<p>chemotherapy was administered first-line); OR Used as first-line therapy; AND Patient has clinical stage IIIB or IV disease; OR Patient has sarcomatoid or biphasic histology; OR Disease is medically inoperable or unresectable; OR Patient has clinical stage I-IIIa disease with epithelioid histology and did not receive induction chemotherapy *Note: <i>May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma</i></p> <p>Renal Cell Carcinoma (RCC) † Updated the following to add “for clear cell histology”: “Used as initial therapy in combination with nivolumab for clear cell histology;” Removed:</p> <p>“Patient has advanced or metastatic disease with intermediate or poor risk; OR” and added:</p> <p>“Used as first-line therapy in patients with poor or intermediate risk advanced, relapsed, or stage IV disease”</p> <p>Hepatocellular Carcinoma (HCC) † added: “Used as subsequent therapy for progressive disease; AND”</p> <p>Updated the following to remove “progressed on or was intolerant to” in the following “Patient was previously treated with sorafenib; “ changed “AND” to “OR” Removed: “According to the prescriber, the patient has ONE of the following (i, ii, or iii):AND Patient has tried at least one tyrosine kinase inhibitor; AND”</p> <p>Bone Cancer‡ Updated noted from “includes” to “excludes” :Note: <i>1 “Excludes mesenchymal chondrosarcoma” removed “and dedifferentiated chondrosarcoma.”</i> Removed: “Ewing sarcoma; OR High-grade undifferentiated pleomorphic sarcoma; OR”</p> <p>Removed neuroendocrine tumors indication and criteria</p> <p>Renewal criteria broke esophageal cancer into <u>MSI-H/dMMR</u> and non (MSI-H/dMMR)</p>
EmblemHealth & ConnectiCare	1/2/2024	<p>Annual Review:</p> <p>Initial Criteria: Updated name to “Cutaneous Melanoma †”</p> <p>Removed: “Patient’s disease is unresectable or metastatic; AND</p> <ul style="list-style-type: none"> ii. Used as a single agent in patients 12 years or older †; OR iii. Used in combination with nivolumab; OR <p>E. Ipilimumab will be used as adjuvant treatment; AND</p> <ul style="list-style-type: none"> i. Used as a single agent; AND <p>a. Patient has cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy †; OR</p> <p>b. Following complete lymph node dissection and/or complete resection of nodal recurrence †; OR</p> <p>F. Used as a single agent or in combination with nivolumab for unresectable or metastatic Uveal Melanoma †”</p> <p>Added: “ Used as first-line therapy for unresectable or metastatic* disease †; AND</p> <ul style="list-style-type: none"> iv. Patient is at least 12 years of age; AND v. Used as a single agent or in combination with nivolumab; OR <p>G. Used as initial therapy for limited resectable local satellite/in-transit recurrence; AND</p> <ul style="list-style-type: none"> i. Used as a single-agent; AND vi. Patient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab);OR <p>H. Used as subsequent therapy for unresectable or metastatic* disease; AND</p> <ul style="list-style-type: none"> i. Used after disease progression, intolerance, and/or projected risk of progression with

		<p>BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); AND</p> <ul style="list-style-type: none"> a. Used as a single agent in patients at least 12 years of age if not previously used alone or in combination with anti-PD-1 therapy †; OR b. Used in combination with nivolumab in patients at least 12 years of age if not previously used or for patients who progress on single agent anti-PD-1 therapy †; OR c. Used in combination with pembrolizumab, if not previously used alone or in combination with anti-PD-1 therapy, for patients who progress on single agent anti-PD-1 therapy; OR <ul style="list-style-type: none"> ii. Used as re-induction therapy in patients who experienced disease control (i.e., complete or partial response or stable disease) and no residual toxicity from prior use, but subsequently have disease progression/relapse > 3 months after treatment discontinuation; AND <ul style="list-style-type: none"> a. Used as a single agent or in combination with anti-PD-1 therapy; AND b. Patient has completed initial induction ipilimumab therapy (i.e., completion of 4 cycles within a 16 week period); OR <ul style="list-style-type: none"> i. Used as adjuvant treatment; AND <ul style="list-style-type: none"> vii. Used as a single agent; AND <ul style="list-style-type: none"> a. Patient has pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy†; OR b. Patient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab); AND <p>1.) Patient has local satellite/in-transit recurrence and has no evidence of disease after complete excision ‡; OR</p> <p>2.) Patient has resectable disease limited to nodal recurrence following excision and complete therapeutic lymph node dissection (TLND) OR following neoadjuvant therapy ‡; OR</p> <p>3.) Patient has oligometastatic disease and no evidence of disease following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection ‡; OR</p> <ul style="list-style-type: none"> ii. Used in combination with nivolumab; AND <ul style="list-style-type: none"> i. Patient has oligometastatic disease and no evidence of disease following metastasis-directed therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection <p><i>*Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, or as well as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease*</i></p> <p>Renal Cell Carcinoma (RCC) †</p> <p>Added: “Used as first-line therapy in patients with favorable risk relapsed or stage IV disease; OR”</p> <p>Removed “surgically unresectable” from the phrase: Patient has relapsed or surgically unresectable stage IV disease</p> <p>Central nervous system cancers ‡</p>
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		<p>Removed: "Ipilimumab must have been active against the primary melanoma tumor; AND</p> <p>ii. Used as initial therapy in combination with nivolumab; OR</p> <p>iii. Used for recurrent disease as a single agent or in combination with nivolumab"</p> <p>Added: "Used in combination with nivolumab or as a single agent; AND</p> <p>iv. Used as initial treatment in patients with small asymptomatic brain metastases; OR</p> <p>v. Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; OR</p> <p>vi. Patient has recurrent limited brain metastases; OR</p> <p>iv. Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options"</p> <p>Hepatocellular Carcinoma (HCC) †</p> <p>Added: "According to the prescriber, the patient has ONE of the following (i, ii, or iii):</p> <p>i. Unresectable disease and is not a transplant candidate; OR</p> <p>ii. Liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; OR</p> <p>iii. Metastatic disease or extensive liver tumor burden; AND"</p> <p>Esophageal Cancer †</p> <p>Removed: "Tumor is human epidermal growth factor receptor 2 (HER2) overexpression negative; AND"</p> <p>Ampullary Adenocarcinoma ‡</p> <p>Removed: "Patient has intestinal type disease; AND</p> <p>E. Patient has progressive, unresectable, or metastatic disease; AND"</p> <p>Added: "Used as first-line therapy for unresectable or metastatic intestinal type disease; OR</p> <p>i. Used as subsequent therapy for disease progression"</p> <p>Updated renewal length of authorizations</p>
EmblemHealth & ConnectiCare	3/8/2023	<p>Annual Review: Added Esophageal Cancer indication and criteria, Updated Billable units on MPM and NSCLC from 115 units to 150 units per 42 days, updated RCC from 115 billable units to 150 billable units per 21 days x 4 doses, updated CRC from 115 billable units per 21 days x 4 doses to 150 billable units in 42 days, Removed from Hepatocellular Carcinoma Criteria: "Patient has a laboratory confirmed diagnosis of hepatocellular carcinoma"; AND "B7 disease" added "Patient has tried at least one tyrosine kinase inhibitor;" updated NSCLC criteria; RCC Criteria, removed: "Used for predominant clear cell histology"; Removed Small Cell Lung Cancer Indication; added compendia supported indications: Ampullary Adenocarcinoma, Bone Cancer, Neuroendocrine Tumors, and Small Bowel Adenocarcinoma</p>
EmblemHealth & ConnectiCare	1/18/2023	Transfer to New Template
EmblemHealth & ConnectiCare	1/4/2021	Clarified initial and renewal duration of therapy and renewal criteria for Unresectable or Metastatic Uveal melanoma.
EmblemHealth & ConnectiCare	11/19/20	Added newest NSCLC indication for patients with no EGFR or ALK genomic tumor aberrations in combination with nivolumab
EmblemHealth & ConnectiCare	10/16/2020	Added Malignant Pleural Mesothelioma indication per FDA label update and NCCN guidelines. Added ICD 10 codes. Clarified NSCLC duration of coverage

EmblemHealth & ConnectiCare	06/15/2020	Added dosing limits for NSCLC, added renewal criteria for NSCLC
EmblemHealth & ConnectiCare	06/01/2020	Added under Initial Approval Criteria (NSCLC): In combination with nivolumab, it is indicated for the first line treatment of adult patients with metastatic non small cell lung cancer (NSCLC) whose tumors express PD L1 ($\geq 1\%$) as determined by an FDA approved test, with no EGFR or ALK genomic tumor aberrations.
EmblemHealth & ConnectiCare	03/30/2020	Added Hepatocellular Carcinoma indication when given in combination with nivolumab and max dosing limits
EmblemHealth & ConnectiCare	01/01/2020	Annual Review

References

1. Yervoy [package insert]. Princeton, NJ; Bristol Meyers Squib; October 2020. Accessed November 2020.
2. Opdivo [package insert]. Princeton, NJ; Bristol-Myers Squibb Company; October 2020. Accessed October 2020.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium[®]) ipilimumab. National Comprehensive Cancer Network, 2018. The NCCN Compendium[®] is a derivative work of the NCCN Guidelines[®]. NATIONAL COMPREHENSIVE CANCER NETWORK[®], NCCN[®], and NCCN GUIDELINES[®] are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.
4. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines[®]) Small Cell Lung Cancer. National Comprehensive Cancer Network, Version 2.2018. The NCCN Compendium[®] is a derivative work of the NCCN Guidelines[®]. NATIONAL COMPREHENSIVE CANCER NETWORK[®], NCCN[®], and NCCN GUIDELINES[®] are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2018.
5. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines[®]) Central Nervous System Cancers. National Comprehensive Cancer Network, Version 1.2018. The NCCN Compendium[®] is a derivative work of the NCCN Guidelines[®]. NATIONAL COMPREHENSIVE CANCER NETWORK[®], NCCN[®], and NCCN GUIDELINES[®] are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2018.
6. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines[®]) Malignant Pleural Mesothelioma. National Comprehensive Cancer Network, Version 2.2018. The NCCN Compendium[®] is a derivative work of the NCCN Guidelines[®]. NATIONAL COMPREHENSIVE CANCER NETWORK[®], NCCN[®], and NCCN GUIDELINES[®] are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2018.
7. Hodi FS, O'Day SJ, McDermott DF, et al. Improved survival with ipilimumab in patients with metastatic melanoma. N Engl J Med. 2010 Aug 19; 363(8):711-23.
8. Wilgenhof S, Du Four S, Vandenbroucke F, et al. Single-center experience with ipilimumab in an expanded access program for patients with pretreated advanced melanoma. J Immunother. 2013 Apr; 36(3):215-22.

9. Margolin K, Ernstoff MS, Hamid O, et al. Ipilimumab in patients with melanoma and brain metastases: an open-label, phase 2 trial. *Lancet Oncol.* 2012 May; 13(5):459-65.
10. Antonia SJ, López-Martin JA, Bendell J, et al. Nivolumab alone and nivolumab plus ipilimumab in recurrent small-cell lung cancer (CheckMate 032): a multicentre, open-label, phase 1/2 trial. *Lancet Oncol.* 2016 Jul;17(7):883-895
11. Tawbi HA, Forsyth PAJ, Algazi AP, et al. Efficacy and safety of nivolumab (NIVO) plus ipilimumab (IPI) in patients with melanoma (MEL) metastatic to the brain: Results of the phase II study CheckMate 204. *Journal of Clinical Oncology* 35, no. 15_suppl (May 2017) 9507-9507.
12. Long GV, Atkinson V, Menzies AM, et al. A randomized phase II study of nivolumab or nivolumab combined with ipilimumab in patients (pts) with melanoma brain metastases (mets): The Anti-PD1 Brain Collaboration (ABC). *Journal of Clinical Oncology* 35, no. 15_suppl (May 2017) 9508-9508.