Reference number(s)
2437-A

STANDARD MEDICARE PART B 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. Yervoy is indicated for the treatment of unresectable or metastatic melanoma in adults and pediatric patients 12 years and older.
2. 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. 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. Yervoy, in combination with nivolumab, is indicated for the treatment of adult and pediatric patients 12 years and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (mCRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.
5. Yervoy, in combination with nivolumab, is indicated for the treatment of patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib.
6. Yervoy, in combination with nivolumab, is indicated for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.
7. Yervoy, in combination with nivolumab and 2 cycles of platinum-doublet chemotherapy, is indicated for the first-line treatment of adult patients with metastatic or recurrent non-small cell lung cancer (NSCLC) with no EGFR or ALK genomic tumor aberrations.
8. Yervoy, in combination with nivolumab, is indicated for first-line treatment of adult patients with unresectable malignant pleural mesothelioma.

B. Compendial Uses
1. Cutaneous melanoma
2. Uveal Melanoma
3. Central nervous system (CNS) brain metastases
4. Colorectal cancer, including appendiceal carcinoma and anal adenocarcinoma
5. Hepatocellular carcinoma
6. Renal cell carcinoma
7. Non-small cell lung cancer
8. Malignant pleural mesothelioma
9. Small bowel adenocarcinoma, including advanced ampullary cancer
10. Non-pancreatic neuroendocrine tumor, metastatic disease

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

A. Documentation of laboratory report confirming MSI-H or mismatch repair deficient (dMMR) tumor status, where applicable
B. Documentation of molecular testing for EGFR and ALK genomic tumor aberrations, where applicable

III. CRITERIA FOR INITIAL APPROVAL

A. Cutaneous Melanoma

1. Authorization of 12 months may be granted for treatment of unresectable or metastatic melanoma.
2. Authorization of 12 months may be granted for adjuvant treatment of stage III or IV disease following complete resection or no evidence of disease.

B. Central Nervous System Brain Metastases

Authorization of 12 months may be granted for treatment of brain metastases with a diagnosis of melanoma.

C. Malignant Pleural Mesothelioma

Authorization of 12 months may be granted for treatment of malignant pleural mesothelioma in combination with nivolumab.

D. Renal Cell Carcinoma

Authorization of 12 months may be granted for treatment of renal cell carcinoma in combination with nivolumab.

E. Colorectal Cancer

Authorization of 12 months may be granted for treatment of microsatellite instability-high or mismatch repair deficient colorectal cancer in combination with nivolumab.

F. Non-Small Cell Lung Cancer

Authorization of 12 months may be granted for treatment of non-small cell lung cancer if there are no EGFR or ALK genomic tumor aberrations in combination with nivolumab with or without 2 cycles of platinum-doublet chemotherapy.

G. Uveal Melanoma

Authorization of 12 months may be granted for treatment of uveal melanoma for distant metastatic disease.

H. Hepatocellular Carcinoma

Authorization of 12 months may be granted for treatment of hepatocellular carcinoma as subsequent therapy in combination with nivolumab.

I. Small Bowel Adenocarcinoma

Authorization of 12 months may be granted for treatment of small bowel adenocarcinoma, including advanced ampullary cancer, for microsatellite-instability high or mismatch repair deficient tumors, in combination with nivolumab.

J. Non-Pancreatic Neuroendocrine Tumor
Authorization of 12 months may be granted for treatment of non-pancreatic neuroendocrine tumors , in combination with nivolumab.

IV. CONTINUATION OF THERAPY

A. Adjuvant Treatment of Melanoma
Authorization for 12 months (up to 3 years) may be granted for all members (including new members) who are continuing with Yervoy therapy when all of the following criteria are met:
1. The member is currently receiving therapy with Yervoy.
2. Yervoy is being used as adjuvant treatment for a member with melanoma.
3. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen.

B. Cutaneous Melanoma, Renal Cell Carcinoma, Hepatocellular Carcinoma, Colorectal Cancer
Authorization for 12 months (up to 4 doses maximum, if member has not already received 4 doses) may be granted for all members (including new members) who are continuing with Yervoy therapy when all of the following criteria are met:
1. The member is currently receiving therapy with Yervoy.
2. Yervoy is being used to treat cutaneous melanoma, renal cell carcinoma, hepatocellular carcinoma, or colorectal cancer.
3. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen.

C. Non-Small Cell Lung Cancer or Malignant Pleural Mesothelioma
Authorization of 12 months (up to 24 months total) may be granted for all members (including new members) who are continuing with Yervoy therapy when all of the following criteria are met:
1. The member is currently receiving therapy with Yervoy.
2. Yervoy is being used to treat non-small cell lung cancer or malignant pleural mesothelioma.
3. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen.

D. All Other Indications
Authorization of 12 months may be granted for all members (including new members) who are continuing with Yervoy therapy when all of the following criteria are met:
1. The member is currently receiving therapy with Yervoy.
2. Yervoy is being used to treat any other indication enumerated in Section III.
3. The member is receiving benefit from therapy. Benefit is defined as:
   i. No evidence of unacceptable toxicity while on the current regimen and
   ii. No evidence of disease progression while on the current regimen.

V. REFERENCES

1. Yervoy [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; November 2020.
2. The NCCN Drugs & Biologics Compendium 2021 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed March 17, 2021.