Mass General Brigham
Health Plan

Imjudo (tremelimumab-actl)
Effective 06/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

FDA-Approved Indications

1. Imjudo is indicated in combination with durvalumab for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).
2. Imjudo is indicated in combination with durvalumab and platinum-based chemotherapy for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

Compendial Uses

1. Recurrent and advanced NSCLC

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Imjudo, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

Hepatocellular Carcinoma

1. Diagnosis of unresectable hepatocellular carcinoma
2. Member will be using Imjudo in combination with Imfinzi (durvalumab)

Non-small Cell Lung Cancer (NSCLC)

1. Diagnosis of recurrent, advanced, or metastatic NSCLC
2. Member will be using Imjudo in combination with Imfinzi (durvalumab) and platinum-based chemotherapy
3. The tumor is negative for EGFR exon 19 deletion and L858R mutations and ALK gene mutations

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines can be reviewed for medical necessity.

Continuation of Therapy

Reauthorization may be granted for members who meet all initial criteria.

Limitations

1. Initial approvals and reauthorizations may be grated for:
    a. HCC: 1 month
    b. NSCLC: 6 months

References

1. Imjudo [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2022.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. http://www.nccn.org.Accessed December 7, 2022.

Review History

03/15/2023 – Reviewed and Created for Feb P&T; Effective 6/1/23