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		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
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