Mass General Brigham
Health Plan

Oncology Immunotherapies
Bavencio (avelumab)
Bizengri (zenocutuzumab-zbco)
Imfinzi (durvalumab)
Imjudo (tremelimumab-actl)
Jemperli (dostarlimub-gxly)
Libtayo (cemiplimab-rwlc)
Opdivo (nivolumab)
Opdivo Qvantig (nivolumab-hyaluronidase-nvhy)
Opdualag (nivolumab and relatlimab-rmbw)
Tecentriq (atezolizumab)
Tecentriq Hybreza (atezolizumab-hyaluronidase-tqjs)
Yervoy (ipilimumab)
Zynyz (retifanlimab-dlwr)
Effective 07/01/2025

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
The FDA-approved indications for the agents included in this policy are supported by the National Comprehensive Cancer Network (NCCN) guidelines. Please refer to the prescribing information for information on specific indications.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

Bavencio (avelumab)

Renal Cell Carcinoma (RCC) – first-line treatment
1. Diagnosis of renal cell carcinoma (RCC)

2. Prescriber is an oncologist
3. Appropriate dosing
4. Tumor is clear cell histology
5. Requested agent will be used in combination with Inlyta (axitinib)

Locally Advanced or Metastatic Urothelial Carcinoma

1. Diagnosis of locally advanced or metastatic urothelial carcinoma
2. Prescriber is an oncologist
3. Appropriate dosing *(weight required)*
4. **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** platinum-containing regimen, or contraindication to **ALL** platinum-containing regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
    b. Disease has not progressed following treatment with four to six cycles of first-line platinum-containing chemotherapy

Metastatic Merkel Cell Carcinoma (MCC)

1. Diagnosis of metastatic Merkel cell carcinoma
2. Prescriber is an oncologist
3. Appropriate dosing *(weight required)*

Bizengri (zenocutuzumab-zbco)

1. Diagnosis of ONE of the following:
    a. advanced unresectable or metastatic NSCLC
    b. advanced unresectable or metastatic pancreatic adenocarcinoma
2. Member is ≥18 years of age
3. Prescriber is an oncologist
4. Member has NRG1 fusion-positive disease
5. Inadequate response or adverse reaction to ONE or contraindication to ALL systemic therapies for requested indication
6. Appropriate dosing

Libtayo (cemiplimab-rwlc)

Metastatic or Locally Advanced Cutaneous Squamous Cell Carcinoma (CSCC)

1. Diagnosis of metastatic or locally advanced cutaneous squamous cell carcinoma (CSCC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member is ≥18 years of age
5. Member is not a candidate for surgery and/or radiation therapy *(e.g., metastatic CSCC)*

Basal Cell Carcinoma (BCC)

1. Diagnosis of Basal Cell Carcinoma (BCC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Physician attestation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** hedgehog pathway inhibitors

Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. Member has locally advanced cancer and is not a candidate for surgical resection or definitive chemoradiation
    b. Member has metastatic disease
5. Member does NOT have EGFR, ALK or ROS 1 tumor aberrations
6. **ONE** of the following:
    a. Requested agent will be used in combination with platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
    b. **BOTH** of the following
        i. Requested agent will be used as monotherapy in the first line setting
        ii. Tumor has PD-L1 expression $\geq$ 50%

Opdivo (nivolumab)

Hodgkin Lymphoma in Adults

1. Diagnosis of relapsed or refractory classical Hodgkin lymphoma in adult members
2. Prescriber is a hematologist/oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age
5. **ONE** of the following:
    a. Member progressed after autologous HSCT with or without brentuximab
    b. Member ineligible for transplant or inadequate response to two or more lines of prior chemotherapy *(see appendix on systemic therapies for Hodgkin lymphoma)*
    c. Member received allogeneic transplant

Hodgkin Lymphoma in Pediatrics

1. Diagnosis of relapsed or refractory classical Hodgkin lymphoma in pediatric members
2. Prescriber is a hematologist/oncologist
3. Appropriate dosing *(appropriate mg/kg dosing may be accepted without documentation of weight for pediatric members)*
4. Member is < 18 years of age
5. Inadequate response or adverse reaction to **TWO** or more lines of prior chemotherapy *(see appendix on systemic therapies for Hodgkin lymphoma)*

Hepatocellular Carcinoma (HCC)

1. Diagnosis of HCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with Yervoy
5. Inadequate response, adverse reaction, or contraindication to sorafenib

Malignant Pleural Mesothelioma (MPM)

1. Diagnosis of Malignant pleural mesothelioma
2. Prescriber is an oncologist

3. Appropriate dosing
4. Requested agent will be used in combination with Yervoy (ipilimumab)

Unresectable or Metastatic NSCLC

1. Diagnosis of unresectable or metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** platinum-containing regimen, or contraindication to **ALL** platinum-containing regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
    b. Requested agent is used in combination with ipilimumab and **ONE** of the following:
        i. Pemetrexed and carboplatin
        ii. Pemetrexed and cisplatin
        iii. Paclitaxel and carboplatin
    c. Tumor has PD-L1 expression ≥1% and the requested agent is used in combination with ipilimumab

Advanced Renal Cell Carcinoma (RCC)

1. Diagnosis of advanced RCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. **BOTH** of the following:
        i. Member has clear cell histology
        ii. Requested agent will be used in combination with Yervoy (ipilimumab)
    b. **BOTH** of the following:
        i. Member has clear cell histology
        ii. Requested agent will be used in combination with Cabometyx (cabozantinib)
    c. **ALL** of the following:
        i. Member has clear cell histology,
        ii. Member has received prior anti-angiogenic therapy (e.g., *axitinib, axitinib plus pembrolizumab, axitinib plus avelumab, sunitinib, pazopanib, lenvatinib plus pembrolizumab and cabozantinib)*
        iii. Requested agent will be used as monotherapy
    d. **BOTH** of the following:
        i. Member has non-clear cell histology
        ii. **ONE** of the following:
            1. Requested agent will be used in combination with cabozantinib
            2. Requested agent will be used in combination with ipilimumab
            3. Requested agent will be used as monotherapy

Metastatic Squamous Cell Carcinoma of the Esophagus (ESCC)

1. Diagnosis of unresectable advanced, recurrent or metastatic ESCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:

a. Member has received prior fluoropyrimidine (e.g. fluorouracil or capecitabine)- and platinum-based (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) regimen
b. Requested agent will be used in combination with a fluoropyrimidine (e.g. fluorouracil or capecitabine)- and platinum-based (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) regimen in the first-line setting
c. Requested agent will be used in combination with ipilimumab in the first-line setting

Opdivo Qvantig (nivolumab-hyaluronidase-nvhy)

Metastatic NSCLC

1. Diagnosis of metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response or adverse reaction to **ONE** platinum-containing regimen, or contraindication to **ALL** platinum-containing regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
5. Requested agent will be used as monotherapy

Hepatocellular Carcinoma (HCC)

1. Diagnosis of HCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response, adverse reaction, or contraindication to sorafenib
5. Requested agent will be used as monotherapy following treatment with Opdivo (nivolumab) and Yervoy (ipilimumab)

Advanced Renal Cell Carcinoma (RCC)

1. Diagnosis of advanced RCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. **BOTH** of the following:
        i. Member has clear cell histology
        ii. Requested agent will be used as monotherapy following treatment with Opdivo (nivolumab) and Yervoy (ipilimumab) combination therapy
    b. **BOTH** of the following:
        i. Member has clear cell histology
        ii. Requested agent will be used in combination with Cabometyx (cabozantinib)
    c. **ALL** of the following:
        i. Member has clear cell histology,
        ii. Member has received prior anti-angiogenic therapy (e.g., *axitinib, axitinib plus pembrolizumab, axitinib plus avelumab, sunitinib, pazopanib, lenvatinib plus pembrolizumab and cabozantinib)*
        iii. Requested agent will be used as monotherapy
    d. **BOTH** of the following:
        i. Member has non-clear cell histology
        ii. **ONE** of the following:
            1. Requested agent will be used in combination with cabozantinib
            2. Requested agent will be used as monotherapy

Metastatic Squamous Cell Carcinoma of the Esophagus (ESCC)

1. Diagnosis of unresectable advanced, recurrent or metastatic ESCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. Member has received prior fluoropyrimidine (e.g. fluorouracil or capecitabine)- and platinum-based (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) regimen
    b. Requested agent will be used in combination with a fluoropyrimidine (e.g. fluorouracil or capecitabine)- and platinum-based (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) regimen in the first-line setting

Opdivo (nivolumab)
Opdivo Qvantig (nivolumab-hyaluronidase-nvhy)

Stage IIB, IIC or III melanoma

1. Diagnosis of Stage IIB, IIC or III melanoma
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used as adjuvant treatment following complete resection

Unresectable or Metastatic Melanoma

1. Diagnosis of unresectable or metastatic melanoma
2. Prescriber is an oncologist
3. Appropriate dosing

Microsatellite Instability-High/Mismatch Repair Deficient Metastatic Colorectal Cancer (MSI-H/dMMR mCRC)

1. Diagnosis of MSI-H/dMMR mCRC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response or adverse reaction to **ONE**, or contraindication to **ALL** of the following:
    a. Fluoropyrimidine-containing regimen (e.g. fluorouracil or capecitabine)
    b. Oxaliplatin-containing regimen
    c. irinotecan-containing regimen

Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck (SCCHN)

1. Diagnosis of recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** platinum-containing regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)

Esophageal or Gastroesophageal Junction (GEJ) Cancer – complete resection

1. Diagnosis of completely resected esophageal or gastroesophageal junction cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member has residual pathologic disease
5. Member has received neoadjuvant chemoradiotherapy (CRT)

Advanced Or Metastatic Gastric Cancer, Gastroesophageal Junction (GEJ) Cancer or Esophageal Adenocarcinoma

1. Diagnosis of advanced or metastatic gastric cancer, GEJ cancer or esophageal adenocarcinoma
2. Prescriber is an oncologist
3. Appropriate dosing
4. Cancer is HER2 negative
5. Requested agent is to be used in combination with a fluoropyrimidine- (e.g. fluorouracil or capecitabine) and platinum-containing regimen (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)

Resectable Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of resectable NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing (nivolumab 360 mg every three weeks, max three cycles)
4. Requested agent will be used in the neoadjuvant setting in combination with **ONE** of the following:
    a. carboplatin and paclitaxel
    b. carboplatin and pemetrexed
    c. carboplatin and gemcitabine
    d. cisplatin and pemetrexed
    e. cisplatin and gemcitabine
    f. cisplatin and paclitaxel
5. **BOTH** of the following:
    a. Requested agent will be used as monotherapy in the adjuvant setting after surgery
    b. Member does NOT have EGFR mutations or ALK rearrangements

Urothelial Carcinoma

1. Diagnosis of urothelial carcinoma
2. Prescriber is an oncologist
3. Appropriate dosing *(appropriate mg/kg dosing may be accepted without documentation of weight)*
4. **ONE** of the following:
    a. Disease progression during or following **ONE** platinum-containing regimen (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
    b. Requested agent will be used as adjuvant treatment for members at high risk of recurrence following radical resection of UC
    c. Requested agent will be used in unresectable or metastatic UC as first-line treatment in combination with cisplatin and gemcitabine

Opdualag (nivolumab/ relatlimab-rmbw)

1. Diagnosis of unresectable or metastatic melanoma
2. Prescriber is an oncologist
3. Paid claim or physician attestation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. Opdivo (nivolumab) in combination with Yervoy (ipilimumab)
    b. Opdivo (nivolumab)
    c. Opdivo Qvantig (nivolumab-hyaluronidase-nvhy)
    d. Keytruda (pembrolizumab)
4. **ONE** of the following:
    a. Member is negative for the BRAF V600E or V600K mutation

b. Member is positive for BRAF V600E or V600K mutation, and has had an inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    i. Tafinlar (dabrafenib) and Mekinist (trametinib)
    ii. Zelboraf (vemurafenib) and Cotellic (cobimetinib)
    iii. Braftovi (encorafenib) and Mektovi (binimetinib)
5. Appropriate dosing

Imfinzi (durvalumab)

Extensive Stage Small Cell Lung Cancer (ES-SCLC)
1. Diagnosis of ES-CLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member has extensive stage disease *(e.g., cancer has spread beyond the lungs)*
5. Requested agent will be used in combination with etoposide AND either carboplatin or cisplatin *(e.g., may be bypassed is member already completed chemotherapy)*

Stage III Non-Small Cell Lung Cancer (NSCLC)
1. Diagnosis of Stage III NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing *(weight required)*
4. Disease has not progressed following combination therapy with platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) and radiation therapy

Locally Advanced or Metastatic Biliary Tract Cancer (BTC)
1. Diagnosis of locally advanced or metastatic BTC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with gemcitabine and cisplatin

Limited-Stage Small Cell Lung Cancer (LS-SCLC)
1. Diagnosis of limited-stage small cell lung cancer (LS-SCLC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Disease has not progressed following concurrent platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) and radiation therapy

Metastatic Non-Small Cell Lung Cancer (NSCLC)
1. Diagnosis of metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with **BOTH** of the following:
    a. Imjudo (tremelimumab-actl)
    b. platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
5. Member does NOT have EGFR or ALK genomic tumor aberrations

Unresectable Hepatocellular Carcinoma (uHCC)
1. Diagnosis of uHCC

2. Prescriber is an oncologist
3. Appropriate dosing
4. Physician attestation that requested agent will be used in combination with Imjudo (tremelimumab-actl)

Advanced or Recurrent Endometrial Cancer

1. Diagnosis of primary advanced or recurrent endometrial cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member is ≥18 years of age
5. Cancer is dMMR
6. **ONE** of the following:
    a. Requested agent will be used in combination with carboplatin and paclitaxel every three weeks for six doses, followed by monotherapy of Imfinzi every four weeks
    b. Requested agent will be used as monotherapy and documentation noting member has already started/completed the initial combination regimen in-hospital or through another provider

Resectable Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of resectable NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with platinum-containing chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin) in the neoadjuvant setting followed by monotherapy in the adjuvant setting following surgery
5. Member does NOT have EGFR mutations or ALK rearrangements

Imjudo (tremelimumab-actl)

Metastatic Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with Imfinzi (durvalumab) and platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
5. Member does NOT have EGFR or ALK genomic tumor aberrations
6. Requested quantity is ≤ 5 doses

Unresectable Hepatocellular Carcinoma (uHCC)

1. Diagnosis of uHCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Physician attestation that requested agent will be used in combination with Imfinzi (durvalumab)
5. Requested quantity is one dose

Jemperli (dostarlimab gxly)

Mismatch Repair Deficient (dMMR) Recurrent or Advanced Solid Tumors

1. Diagnosis of dMMR Recurrent or Advanced Solid Tumors
2. Prescriber is an oncologist

3. Appropriate dosing
4. Member is ≥18 years of age
5. Cancer is dMMR (*Documentation must be provided on the PA request or in attached medical records)*
6. Inadequate response or adverse reaction to **ONE** prior treatment for dMMR, or contraindication to **ALL** other treatments for dMMR

Recurrent Or Advanced Endometrial Cancer

1. Diagnosis of recurrent or advanced endometrial cancer
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member is ≥18 years of age
5. **ONE** of the following:
    a. Documentation that cancer is mismatch repair deficient (dMMR) and **ALL** of the following:
        i. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** platinum-based chemotherapy regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
        ii. Member is not a candidate for curative surgery or radiation
        iii. Requested agent will be used as monotherapy
    b. Requested agent will be used in combination with carboplatin and paclitaxel every three weeks for six doses followed by monotherapy of Jemperli every six weeks

Tecentriq (atezolizumab)
Tecentriq Hybreza (atezolizumabhyaluronidase-tqjs)

Stage II to IIIA NSCLC

1. Diagnosis of Stage II to IIIA NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Tumor has PD-L1 expression ≥ 1%
5. Requested agent will be used as adjuvant treatment following complete resection and platinum-based chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)

Unresectable or Metastatic Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of unresectable or metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** platinum-containing regimen, or contraindication to **ALL** platinum-containing regimens (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
    b. Requested agent will be used in combination with **ALL** of the following in the first-line setting for non-squamous NSCLC (may be bypassed if already completed chemotherapy):
        i. Avastin (bevacizumab)
        ii. Paclitaxel
        iii. carboplatin
    c. Tumor has PD-L1 expression ≥50%
    d. First-line setting for nonsquamous NSCLC, requested agent will be used in combination with BOTH of the following:

i. albumin-bound paclitaxel
ii. carboplatin

Hepatocellular carcinoma (HCC)

1. Diagnosis of HCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with bevacizumab
5. Member has Child-Pugh Class A

Extensive Stage Small Cell Lung Cancer (ES-SCLC)

1. Diagnosis of ES-SCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Member has extensive stage disease *(e.g., documentation that cancer has spread beyond lungs)*
5. Requested agent will be used in combination with carboplatin and etoposide (may be bypassed if already completed chemotherapy)

Unresectable or Metastatic Melanoma

1. Diagnosis of unresectable or metastatic melanoma
2. Prescriber is an oncologist
3. Appropriate dosing
4. Positive BRAF V600E or V600K mutation
5. The requested agent will be used in combination with Cotellic (cobimetinib) and Zelboraf (vemurafenib)
6. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. Tafinlar (dabrafenib) + Mekinist (trametinib)
    b. Cotellic (cobimetinib) + Zelboraf (vemurafenib)
    c. Braftovi (encorafenib) + Mektovi (binimetinib)

Unresectable or Metastatic Alveolar Soft Part Sarcoma (ASPS)

1. Diagnosis of unresectable or metastatic ASPS
2. Prescriber is an oncologist
3. Appropriate dosing
4. ONE of the following:
    a. For Tecentriq, member is ≥ 2 years of age
    b. For Tecentriq Hybreza, member is ≥ 18 years of age

Yervoy (ipilimumab)

Hepatocellular carcinoma (HCC)

1. Diagnosis of HCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with Opdivo (nivolumab)
5. Inadequate response, adverse reaction, or contraindication to Nexavar (sorafenib)

Malignant Pleural Mesothelioma

1. Diagnosis of malignant pleural mesothelioma

2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with Opdivo (nivolumab)

Unresectable Advanced or Metastatic Esophageal Squamous Cell Carcinoma (ESCC)

1. Diagnosis of unresectable advanced or metastatic ESCC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with nivolumab in the first-line setting

Unresectable or Metastatic Melanoma

1. Diagnosis of unresectable or metastatic melanoma
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. Requested agent will be used as monotherapy
    b. Requested agent will be used in combination with Opdivo (nivolumab)
    c. Requested agent will be used in combination with Keytruda (pembrolizumab)

Adjuvant Treatment of Cutaneous Melanoma

1. Diagnosis of cutaneous melanoma
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in the adjuvant setting following complete resection, including total lymphadenectomy

Metastatic Non-Small Cell Lung Cancer (NSCLC)

1. Diagnosis of metastatic NSCLC
2. Prescriber is an oncologist
3. Appropriate dosing
4. **ONE** of the following:
    a. PD-L1 expression ≥1% and requested agent will be used in combination with Opdivo (nivolumab)
    b. Requested agent will be used in combination with Opdivo (nivolumab) and two cycles of platinum doublet (e.g., paclitaxel+ carboplatin; pemetrexed + carboplatin; pemetrexed + cisplatin) chemotherapy

Microsatellite Instability-High/Mismatch Repair Deficient Metastatic Colorectal Cancer (MSI-H/dMMR mCRC)

1. Diagnosis of MSI-H/dMMR mCRC
2. Prescriber is an oncologist
3. Appropriate dosing
4. Requested agent will be used in combination with Opdivo (nivolumab)
5. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
    a. fluoropyrimidine- based therapy (e.g. fluorouracil or capecitabine)
    b. irinotecan- based therapy
    c. oxaliplatin- based therapy

Renal Cell Carcinoma (RCC)

1. Diagnosis of Renal cell carcinoma (RCC)

2. Prescriber is an oncologist
3. Appropriate dosing
4. Member has clear cell histology
5. Requested agent will be used in combination with Opdivo (nivolumab)

Zynyz (retifanlimabdlwr)

1. Diagnosis of metastatic or recurrent locally advanced Merkel cell carcinoma (MCC)
2. Prescriber is an oncologist
3. Appropriate dosing *(weight required)*

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months

Appendix

Systemic Therapy for Treatment of Classical Hodgkin Lymphoma

The following regimens may be utilized as systemic therapy for the treatment of Classical Hodgkin lymphoma:

- First-line primary systemic therapy
    - ABVD (doxorubicin, bleomycin, vinblastine, and dacarbazine)
    - Escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone)
    - Brentuximab + AVD (doxorubicin, vinblastine, dacarbazine)
- Second-line options (relapsed/refractory disease)
    - Brentuximab vedotin
    - Brentuximab vedotin + bendamustine
    - Brentuximab vedotin + nivolumab
    - DHAP (dexamethasone, cisplatin, high-dose cytarabine)
    - ESHAP (etoposide, methylprednisolone, high-dose cytarabine and cisplatin)
    - Gemcitabine/bendamustine/vinorelbine
    - GVD (gemcitabine, vinorelbine, liposomal doxorubicin)
    - GVD+ pembrolizumab
    - ICE (ifosfamide, carboplatin, etoposide)
    - ICE+ brentuximab vedotin
    - ICE + nivolumab
    - IGEV (ifosfamide, gemcitabine, vinorelbine)
    - pembrolizumab (for members not candidates for transplant)
- Subsequent options (relapsed/refractory disease)
    - Bendamustine
    - Bendamustine + carboplatin + etoposide
    - C-MOPP (cyclophosphamide, vincristine, procarbazine, prednisone)
    - Everolimus
    - GCD (gemcitabine, carboplatin, dexamethasone)
    - GEMOX (gemcitabine, oxaliplatin)
    - Lenalidomide
    - MINE (etoposide, ifosfamide, mesna, mitoxantrone)

- Mini-BEAM (carmustine, cytarabine, etoposide, melphalan)
- Nivolumab (per indications)
- Pembrolizumab (per indications)
- Vinblastine

References

1. Bavencio (avelumab) [package insert]. New York (NY): EMD Serono, Inc and Pfizer, Inc.; 2024 Dec.
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3. Libtayo [package insert]. Tarrytown, (NY): Regeneron Pharmaceuticals Inc; 2024 Jun.
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6. Yervoy (ipilimumab) [prescribing information. Princeton (NJ): Bristol-Myers Squibb; 2025 Jan.
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Review History

Reviewed and created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Switched from CVS SGM to custom criteria. Effective 4/1/23.
05/10/23 – Reviewed and updated for P&T. New agent, Imjudo, was added to guideline. The following other updates were made based on expanded indications: Bavencio - Diagnosis update to "Diagnosis of locally advanced or metastatic urothelial carcinoma", Imfinzi -Expanded labeling for BTC, NSCLC, uHCC, Keytruda - criteria update for Unresectable or metastatic NSCLC and Gastric or GEJ adenocarcinoma, Libtayo- criteria update for NSCLC, Opdivo - Expanded indication for Stage IIB, IIC or III melanoma, Tecentriq - Expanded indication for ASPS. Removed the following due to FDA voluntary withdrawal: Tecentriq for locally advanced or metastatic urothelial carcinoma from and Keytruda for 3rd-line setting for gastric cancer (locally advanced or metastatic gastric or gastroesophageal (GEJ) adenocarcinoma whose tumors expressed PD-L1 and had disease progression on or after ≥ 2 prior lines of therapy). References updated. Effective 6/5/23.
07/12/23 – Reviewed and updated for P&T. Add expanded indication for use for Keytruda (pembrolizumab) as a single agent for adjuvant treatment following resection and platinum-based chemotherapy for adults with stage IB (T2a ≥4 cm), II, or IIIA NSCLC. Formatting updates made throughout policy. Jemperli and Opdualag will only be available under MB. Brand preferred and mandatory generic language was added under Limitations. Effective 7/31/23.
09/13/23 – Reviewed and updated for P&T. Expanded indication added to guideline: Padcev in combination with Keytruda (pembrolizumab) for the treatment of adult patients with locally advanced (la) or metastatic urothelial cancer (mUC) who are not eligible for cisplatin-containing chemotherapy. Minor edits to criteria regarding trial and failure versus contraindication to therapies throughout policy. Effective 10/02/23.
11/15/23 – Reviewed and updated for P&T. Zynyz (relatlimab-dlwr) is added with PA and MB designation. Effective 12/04/23.
04/10/24 – Reviewed and updated for P&T. Criteria updates for Keytruda for the following expanded indications: resectable Non-Small Cell Lung Cancer (NSCLC), unresectable or metastatic HER2- negative gastric or gastroesophageal junction (GEJ) adenocarcinoma, and locally advanced or metastatic biliary tract cancer (BTC). Criteria update for Jemperli for use in combination with carboplatin and paclitaxel, followed by Jemperli as a single agent for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR), as determined by an FDA-approved test, or microsatellite instability-high (MSI-H). Effective 5/6/24
12/11/24 – Reviewed and updated for P&T. Removed Keytruda from policy to have it available in its own policy. Expanded indications added for Imfinzi (NSCLC) and Jemperli (primary advanced or recurrent endometrial cancer) per updated FDA labeling. Effective 01/06/2025
01/2025 – Reviewed and updated for P&T. Added Tecentriq Hybreza. Effective 2/18/25

06/11/25 – Reviewed and updated for P&T. Updated formatting and references. Bizengri and Opdivo Qvantig were added to criteria. Expanded indications for Opdivo, Imfinzi, Yervoy, Zynyz were added to the policy to align with package label. Effective 7/1/25