

Yervoy® (ipilimumab) (Intravenous)

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I. Length of Authorization ^{△ 1,5,6,8-12,17-19,20-24,27-29,31,33,39-42,44,46-49,53,54}

- Initial: Prior authorization validity will be provided initially for 6 months, unless otherwise specified.
 - Cutaneous Melanoma (neoadjuvant treatment in combination with nivolumab): Prior authorization validity will be provided for a maximum of 6 weeks of therapy (2 doses).
 - Prior authorization validity will be provided for a maximum of 12 weeks (2 doses) for the following indications:
 - ❖ Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (neoadjuvant/perioperative adenocarcinoma)
 - ❖ Gastric Cancer (neoadjuvant or perioperative)
 - Prior authorization validity will be provided for a maximum of 16 weeks (3 doses) for the following indications:
 - ❖ Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (MSI-H/dMMR squamous cell carcinoma OR first-line or subsequent adenocarcinoma)
 - ❖ Gastric Cancer (first-line or subsequent)
 - Prior authorization validity will be provided up to a maximum of 12 weeks (4 doses) of therapy (validity may be extended to 16 weeks if 4 doses were not administered within the 12-week time frame) for the following indications:
 - ❖ Ampullary Adenocarcinoma
 - ❖ Appendiceal Adenocarcinoma
 - ❖ CNS Cancer (in combination with nivolumab)
 - ❖ Colorectal Cancer
 - ❖ Cutaneous Melanoma (first-line therapy, subsequent therapy, OR adjuvant therapy in combination with nivolumab)*
 - ❖ Hepatocellular Carcinoma
 - ❖ Merkel Cell Carcinoma (every 3 weeks dosing regimen)
 - ❖ Renal Cell Carcinoma

- ❖ Small Bowel Adenocarcinoma

- ❖ Uveal Melanoma

** Requests for Cutaneous Melanoma first-line and subsequent therapy may be renewed if the patient meets the provisions for re-induction therapy.*

- Renewal: Prior authorization validity may be renewed every 6 months thereafter, unless otherwise specified.

- Cutaneous Melanoma (single agent adjuvant therapy): Prior authorization validity will be provided for 60 weeks of therapy (8 total doses).

- Prior authorization validity may NOT be renewed for the following indications:

- ❖ Ampullary Adenocarcinoma

- ❖ Appendiceal Adenocarcinoma

- ❖ Biliary Tract Cancer-Gallbladder Cancer (neoadjuvant in combination with nivolumab)

- ❖ CNS Cancer (in combination with nivolumab)

- ❖ Colorectal Cancer

- ❖ Cutaneous Melanoma (first-line, subsequent, or neoadjuvant/adjuvant therapy in combination with nivolumab)*

- ❖ Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (excluding PD-L1 squamous cell carcinoma)

- ❖ Gastric Cancer

- ❖ Hepatocellular Carcinoma

- ❖ Merkel Cell Carcinoma (every 3 weeks dosing regimen)

- ❖ Renal Cell Carcinoma

- ❖ Small Bowel Adenocarcinoma

- ❖ Uveal Melanoma

** Requests for Cutaneous Melanoma first-line and subsequent therapy may be renewed if the patient meets the provisions for re-induction therapy.*

- Prior authorization validity may be renewed up to a maximum of 2 years of therapy (18 doses) for the following:

- ❖ Biliary Tract Cancers (subsequent therapy)

- ❖ Bone Cancer

- ❖ Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (PD-L1 squamous cell carcinoma)

- ❖ Kaposi Sarcoma

- ❖ Non-Small Cell Lung Cancer

- ❖ Peritoneal Mesothelioma (first-line therapy)**

- ❖ Pleural Mesothelioma (first-line/induction therapy)**

*** Including pericardial mesothelioma and tunica vaginalis testis mesothelioma*

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Indication	Billable Units (BU)	Per unit time (days)
Renal Cell Carcinoma (RCC), Small Bowel Adenocarcinoma (SBA), Ampullary Adenocarcinoma, Colorectal Cancer (CRC), Appendiceal Adenocarcinoma	150 billable units	21 days x 4 doses
Pleural Mesothelioma (PM), Peritoneal Mesothelioma (PeM), Soft Tissue Sarcoma, , Gastric Cancer, Biliary Tract Cancers, Bone Cancer, Kaposi Sarcoma, Esophageal and Esophagogastric/ Gastroesophageal Junction Cancer, NSCLC, Gestational Trophoblastic Neoplasia, Adrenal Gland Tumor	150 billable units	42 days
Merkel Cell Carcinoma	<i>Initial</i> 350 billable units	21 days x 4 doses
	<i>Maintenance</i> 150 billable units	42 days
Hepatocellular Carcinoma (HCC)	350 billable units	21 days x 4 doses
CNS Cancers	<i>Initial</i> 1150 billable units	21 days x 4 doses
	<i>Maintenance</i> 1150 billable units	84 days
Cutaneous Melanoma	<i>Initial</i> 350 billable units	21 days x 4 doses
	<i>Maintenance</i> 350 billable units	84 days x 4 doses
Uveal Melanoma	1150 billable units	21 days x 4 doses

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age, unless otherwise indicated; **AND**

Ampullary Adenocarcinoma ‡ ²

- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used in combination with nivolumab; **AND**
 - Used as first-line therapy for metastatic intestinal type disease; **OR**
 - Used as subsequent therapy for disease progression

Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma) ‡ ^{2,46}

- Used in combination with nivolumab; **AND**
- Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**

- Used as subsequent treatment for progression on or after systemic treatment for unresectable, gross residual (R2), or metastatic disease; **AND**
 - Disease is refractory to standard therapies or there are no standard treatment options available; **OR**
- Used as neoadjuvant therapy for resectable locoregionally advanced disease (****NOTE: Only applies to Gallbladder Cancer**); **AND**
 - Patient has incidental finding of suspicious mass during surgery where hepatobiliary surgery expertise is unavailable; **OR**
 - Patient has incidental finding on pathologic review (cystic duct node positive); **OR**
 - Patient has mass on imaging

Bone Cancer ‡^{2,46}

- Patient has one of the following: Ewing Sarcoma*, Chondrosarcoma, Osteosarcoma, or Chordoma; **AND**
- Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used in combination with nivolumab; **AND**
- Patient has unresectable or metastatic disease that progressed following prior treatment; **AND**
- Patient has no satisfactory alternative treatment options

**Other primary round cell tumors of the bone (eg, CIC::DUX4, BCOR::CCNB3) can be treated like Ewing Sarcoma*

Central Nervous System (CNS) Cancer ‡^{2,4,8,10,11,27}

- Used for the treatment of brain metastases in patients with BRAF non-specific melanoma; **AND**
- Used in combination with nivolumab or as a single agent; **AND**
 - Used as initial treatment in patients with small asymptomatic limited brain metastases for newly diagnosed or stable systemic disease or if reasonable systemic treatment options exist; **OR**
 - Used for recurrent limited brain metastases; **OR**
 - Used as primary treatment in patients with small asymptomatic extensive brain metastases; **OR**
 - Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

Colorectal Cancer (CRC) † ‡^{1,2,19,31,42}

- Patient is at least 12 years of age; **AND**
- Patient has microsatellite instability-high (MSI-H)/mismatch repair deficient (dMMR) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype [e.g., tumor mutational burden (TMB) >50 mut/Mb] as determined by an FDA-approved or CLIA-compliant test❖; **AND**

- Used in combination with nivolumab; **AND**
 - Used as primary/initial treatment for unresectable or medically inoperable, recurrent, advanced, or metastatic disease; **OR**
 - Used as subsequent therapy for unresectable or medically inoperable, advanced, or metastatic disease; **OR**
 - Used as neoadjuvant therapy for advanced or metastatic disease

Appendiceal Adenocarcinoma – Colon Cancer ‡^{2,3}

- Patient has microsatellite instability-high (MSI-H)/mismatch repair deficient (dMMR) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype [e.g., tumor mutational burden (TMB) >50 mut/Mb] as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used in combination with nivolumab; **AND**
- Used for advanced or metastatic disease

Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers † ‡^{1,2,45,53}

- Used in combination with nivolumab; **AND**
 - Used as first-line therapy; **AND**
 - Patient has squamous cell carcinoma; **AND**
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; **AND**
 - Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖ (independent of PD-L1 status); **OR**
 - Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA compliant test❖; **OR**
 - Patient has adenocarcinoma; **AND**
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; **AND**
 - Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖; **OR**
 - Used as subsequent therapy; **AND**
 - Patient has squamous cell carcinoma or adenocarcinoma; **AND**
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; **AND**
 - Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖; **OR**
 - Used as neoadjuvant or perioperative therapy; **AND**
 - Patient has adenocarcinoma; **AND**

- Used as primary treatment for patients who are medically fit for surgery with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥ 3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; **AND**
- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖; **OR**
- Used as induction systemic therapy for relieving dysphagia; **AND**
 - Patient has squamous cell carcinoma; **AND**
 - Patient is medically fit and planned for esophagectomy with cT2, N0 (high-risk lesions: lymphovascular invasion, ≥ 3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; **AND**
 - Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖ (independent of PD-L1 status); **OR**
 - Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or CLIA compliant test❖

Gastric Cancer †^{2,54}

- Used in combination with nivolumab; **AND**
- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Used as first-line or subsequent therapy; **AND**
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; **OR**
 - Used as neoadjuvant or perioperative therapy; **AND**
 - Used as primary treatment prior to surgery for potentially resectable locoregional disease (cT2 or higher, any N) in patients who are medically fit for surgery

Hepatocellular Carcinoma (HCC) † †^{1,2}

- Used in combination with nivolumab; **AND**
 - Used as first-line therapy; **AND**
 - Patient has unresectable or metastatic disease; **OR**
 - Used as subsequent therapy; **AND**
 - Patient was previously treated with sorafenib †; **OR**
 - Patient had disease progression on or after systemic therapy and has not previously been treated with anti-CTLA4-based combinations

Kaposi Sarcoma †^{2,47}

- Used in combination with nivolumab as subsequent therapy; **AND**
- Used for relapsed/refractory advanced T1, extensive T0 cutaneous, or nodal disease; **AND**

- Disease progressed on or did not respond to first-line therapy; **AND**
- Disease progressed on alternate first-line therapy

Renal Cell Carcinoma (RCC) † ‡^{1,2,18}

- Used in combination with nivolumab for clear cell histology; **AND**
 - Used as first-line therapy; **AND**
 - Patient has poor or intermediate risk advanced disease †; **OR**
 - Patient has relapsed or stage IV (M1 or unresectable T4, M0) disease; **OR**
 - Used as subsequent therapy in patients with relapsed or stage IV disease ^Δ

Peritoneal Mesothelioma (PeM)* † ‡^{2,56}

- Used in combination with nivolumab; **AND**
 - Used as subsequent therapy (if chemotherapy was administered first-line); **OR**
 - Used as first-line therapy; **AND**
 - Used as adjuvant treatment for medically operable disease, following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC); **AND**
 - Patient has surgical or pathologic high-risk features**; **OR**
 - Patient has medically inoperable disease and/or complete cytoreduction not achievable, or presence of any high-risk features**; **OR**
 - Patient has disease progression following CRS + HIPEC if no prior adjuvant systemic therapy was given

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

*** High-risk features include: biphasic/sarcomatoid histology, nodal metastasis, Ki-67 >9%, thrombocytosis, PS=2, bicavitary disease, high disease burden/incomplete cytoreduction (Peritoneal Cancer Index [PCI] >17, completeness of cytoreduction (cc) score >1)*

Pleural Mesothelioma (PM)* † ‡ Φ^{1,2,5,25,26,34,37}

- Used in combination with nivolumab; **AND**
 - Used as subsequent therapy (if chemotherapy was administered first-line); **OR**
 - Used as first-line therapy; **OR**
 - Used as induction therapy prior to surgical exploration; **AND**
 - Patient has clinical stage I disease and epithelioid histology

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

Cutaneous Melanoma † ‡ Φ^{1,2,6,17,43}

- Used as first-line therapy for unresectable or metastatic* disease †; **AND**
 - Patient is at least 12 years of age; **AND**
 - Used as a single agent or in combination with nivolumab; **OR**
- Used as subsequent therapy for unresectable or metastatic* disease; **AND**

- Used after disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy; **AND**
 - Used as a single agent or in combination with nivolumab in patients at least 12 years of age; **OR**
 - Used in combination with pembrolizumab for disease progression following anti-PD-1 therapy; **OR**
- 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**
 - Used as a single agent or in combination with anti-PD-1 therapy; **AND**
 - Patient has completed initial induction ipilimumab therapy (*i.e., completion of 4 cycles within a 16 week period*); **OR**
- Used as adjuvant treatment; **AND**
 - Used as a single agent; **AND**
 - Patient has pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy †; **OR**
 - Patient has prior exposure to anti-PD-1 therapy (e.g., nivolumab or pembrolizumab); **AND**
 - Patient has local satellite/in-transit recurrence and has no evidence of disease (NED) after complete excision ‡; **OR**
 - Patient has resectable disease limited to nodal recurrence following excision of the recurrence and therapeutic lymph node dissection (TLND) ‡; **OR**
 - Patient has oligometastatic disease and no evidence of disease (NED) following metastasis-directed therapy (*i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy*) **OR** following systemic therapy followed by resection ‡; **OR**
 - Used in combination with nivolumab; **AND**
 - Patient has oligometastatic disease and NED following metastasis-directed therapy (*i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy*) **OR** following systemic therapy followed by resection; **OR**
- Used as neoadjuvant therapy; **AND**
 - Used in combination with nivolumab; **AND**
 - Patient stage III disease; **AND**
 - Used as primary treatment for clinically positive, resectable nodal disease; **OR**
 - Used for limited resectable disease with clinical satellite/in-transit metastases; **OR**
 - Patient has limited resectable local satellite/in-transit recurrence; **OR**
 - Patient has resectable disease limited to nodal recurrence

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

Uveal Melanoma †^{2,20-23,32}

- Used as a single agent or in combination with nivolumab; **AND**
- Patient has metastatic or unresectable disease

Merkel Cell Carcinoma †^{2,50,51,66}

- Used for M1 disseminated disease; **AND**
 - Used as a single agent; **AND**
 - Patient has progressed on anti-PD-L1 or anti-PD-1 therapy OR anti-PD-L1 or anti-PD-1 therapy is contraindicated; **OR**
 - Used in combination with nivolumab; **OR**
- Used for in-transit N+ regional disease; **AND**
 - Used as single agent; **AND**
 - Patient has progressed on anti-PD-L1 or anti-PD-1 therapy OR anti-PL-L1 or anti-PD-1 therapy is contraindicated; **OR**
 - Used in combination with nivolumab; **OR**
- Used for recurrent N+ regional disease if curative surgery and curative radiation therapy (RT) are not feasible; **AND**
 - Used as single agent; **AND**
 - Patient has progressed on anti-PD-L1 or anti-PD-1 therapy OR anti-PL-L1 or anti-PD-1 therapy is contraindicated; **OR**
 - Used in combination with nivolumab; **OR**
- Used for primary N+, M0 regional disease with biopsy positive draining nodal basin if curative surgery and curative RT are not feasible; **AND**
 - Used as a single agent; **AND**
 - Patient has progressed on anti-PD-L1 or anti-PD-1 therapy OR anti-PD-L1 or anti-PD-1 therapy is contraindicated; **OR**
 - Used in combination with nivolumab

Non-Small Cell Lung Cancer (NSCLC) † ‡^{1,2,16,24}

- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
 - Used as first-line therapy; **AND**
 - Used for one of the following:

- Patients with tumors that are negative for actionable molecular biomarkers** (may be KRAS G12C mutation positive); **OR**
- Patients who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK 1/2/3 gene fusion, MET exon 14 skipping, NRG1 gene fusion, or ERBB2 (HER2); **AND**
- Used in combination with one of the following:
 - Nivolumab; **OR**
 - Nivolumab and platinum-doublet chemotherapy (e.g., pemetrexed and either carboplatin or cisplatin for non-squamous cell histology, or paclitaxel and carboplatin for squamous cell histology, etc.); **OR**
- Used as subsequent therapy; **AND**
 - Used for one of the following:
 - Patients who are positive for one of the following molecular biomarkers and have received prior targeted therapy§: EGFR S768I, L861Q, and/or G719X; **OR**
 - Patients who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK 1/2/3 gene fusion, or MET exon 14 skipping; **AND**
 - Used in combination with one of the following:
 - Nivolumab; **OR**
 - Nivolumab and platinum-doublet chemotherapy (e.g., pemetrexed and either carboplatin or cisplatin for non-squamous cell histology, or paclitaxel and carboplatin for squamous cell histology, etc.); **OR**
- Used as continuation maintenance therapy in combination with nivolumab; **AND**
 - Patient has achieved a response or stable disease following first-line therapy with nivolumab and ipilimumab with or without chemotherapy

*** Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2). Complete genotyping for EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2) via biopsy and/or plasma testing. If a clinically actionable marker is found, it is reasonable to start therapy based on the identified marker. Treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

§ Genomic Aberration/Mutational Driver Targeted Therapies: Refer to guidelines for appropriate use

Small Bowel Adenocarcinoma (SBA) ‡^{2,19,29}

- Used in combination with nivolumab; **AND**
- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermuted phenotype [e.g., tumor mutational burden (TMB) > 50 mut/Mb] as detected by an FDA or CLIA compliant test❖; **AND**
 - Patient has advanced or metastatic disease; **OR**
 - Patient has locally unresectable or medically inoperable disease; **AND**

- Used as primary treatment

Soft Tissue Sarcoma ‡^{2,46,52}

- Used in combination with nivolumab; **AND**
- Used for one of the following disease subtypes:
 - Extremity/Body Wall* or Head/Neck*
 - Used as subsequent therapy for advanced/metastatic disease with disseminated metastases; **AND**
 - Patient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; **OR**
 - Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Patient has no satisfactory alternative treatment options
 - Retroperitoneal/Intra-Abdominal**
 - Used as one of the following:
 - Alternative systemic therapy for unresectable or progressive disease after initial therapy for unresectable localized disease; **OR**
 - Palliative subsequent therapy for stage IV disease with disseminated metastases; **AND**
 - Used for one of the following:
 - Patient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; **OR**
 - Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Patient has no satisfactory alternative treatment options
 - Pleomorphic Rhabdomyosarcoma
 - Used as subsequent therapy for advanced/metastatic disease
 - Angiosarcoma
 - Dedifferentiated Liposarcoma with or without Concurrent Well-Differentiated Liposarcoma
 - Epithelioid Hemangioendothelioma
 - Used as subsequent therapy for unresectable or metastatic disease; **AND**
 - Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Patient has no satisfactory alternative treatment options

**For atypical lipomatous tumor/well-differentiated liposarcoma (ALT/WDLPS) of the extremity, abdominal wall, or trunk that was initially diagnosed as ALT/WDLPS and shows evidence of de-differentiation, treat as other soft tissue sarcomas.*

***For well-differentiated liposarcoma (WDLPS-retroperitoneum, paratesticular) with or without evidence of de-differentiation, treat as other soft tissue sarcomas*

Gestational Trophoblastic Neoplasia ‡^{2,64}

- Used in combination with nivolumab; **AND**
- Patient has multiagent chemotherapy-resistant disease; **AND**
 - Patient has intermediate placental site trophoblastic tumor (PSTT) or epithelioid trophoblastic tumor (ETT); **AND**
 - Patient has recurrent or progressive disease; **OR**
 - Patient has high risk disease (i.e., ≥7 Prognostic score or stage IV disease)

Adrenal Gland Tumor ‡^{2,69}

- Patient has locoregional unresectable or metastatic adrenocortical carcinoma (ACC); **AND**
- Used in combination with nivolumab

❖ *If confirmed using an FDA approved assay – <http://www.fda.gov/CompanionDiagnostics>*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication; Ⓞ Orphan Drug

IV. Renewal Criteria ^{Δ 1,2,6,9-12,17-29,39-41,46-49,53,54,60-61}

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe immune-mediated adverse reactions (e.g., colitis, hepatitis, dermatitis/rash, pneumonitis, nephritis/renal dysfunction, endocrinopathies, etc.), severe infusion-related reactions, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

Δ Notes:

- Patients responding to therapy who relapse ≥ 6 months after discontinuation due to duration (i.e., receipt of 24 months of PD-directed therapy) are eligible to re-initiate checkpoint inhibitor therapy.
- Patients who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate checkpoint inhibitor therapy for metastatic disease.
- Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate checkpoint inhibitor therapy and will be evaluated on a case-by-case basis.

- Patients diagnosed with Renal Cell Carcinoma with clear cell histology who have received previous immuno-oncology therapy may be eligible for treatment with ipilimumab as subsequent therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration ^{△ 1,5,6,8-12,17-29,31,33,34,38-42,44-46-55,57-64,66,69}

Indication	Dose
Renal Cell Carcinoma (RCC), Small Bowel Adenocarcinoma (SBA), & Ampullary Adenocarcinoma	Administer 1 mg/kg intravenously every 3 weeks for a total of 4 doses (given in combination with nivolumab on the same day, then follow with nivolumab monotherapy)
Biliary Tract Cancers	<p><u>Subsequent therapy:</u></p> <ul style="list-style-type: none"> • Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) until disease progression or unacceptable toxicity for up to 2 years <p><u>Neoadjuvant therapy (gallbladder cancer only):</u></p> <ul style="list-style-type: none"> • Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) for 2 to 6 months
Bone Cancer & Kaposi Sarcoma	Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) until disease progression or unacceptable toxicity for up to 2 years
CNS Cancers	<p><u>Single agent:</u></p> <ul style="list-style-type: none"> ○ <u>Initial:</u> Administer 10 mg/kg intravenously every 3 weeks for 4 doses ○ <u>Maintenance (starting at week 24):</u> Administer 10 mg/kg intravenously every 12 weeks until disease progression or unacceptable toxicity <p><u>In combination with nivolumab:</u></p> <ul style="list-style-type: none"> ○ Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with nivolumab on the same day), then follow with nivolumab monotherapy)
Colorectal Cancer (CRC)	<p><u>Neoadjuvant therapy</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in combination with nivolumab on the same day) <p><u>Primary/Initial treatment and Subsequent therapy</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 3 weeks for a total of 4 doses (given in combination with nivolumab on the same day, then follow with nivolumab monotherapy)
Appendiceal Adenocarcinoma	Administer 1 mg/kg intravenously every 3 weeks for a total of 4 doses (given in combination with nivolumab on the same day, then follow with nivolumab monotherapy)
Esophageal and Esophagogastric/Gastroesophageal Junction Cancer	<p><u>Squamous cell carcinoma:</u></p> <ul style="list-style-type: none"> ○ PD-L1 ≥ 1 (first line, induction for relieving dysphagia): Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab) until disease progression or unacceptable toxicity for up to 2 years ○ MSI-H/dMMR (first line, subsequent, induction for relieving dysphagia):

	<p>Administer 1 mg/kg intravenously every 6 weeks for 16 weeks (given in combination with nivolumab, then followed by nivolumab monotherapy)</p> <p><u>Adenocarcinoma (MSI-H/dMMR):</u></p> <ul style="list-style-type: none"> ○ <u>Neoadjuvant/perioperative therapy:</u> Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab) for 12 weeks, followed by surgery and then postoperative therapy with nivolumab ○ <u>First-line or subsequent therapy:</u> Administer 1 mg/kg intravenously every 6 weeks for 16 weeks (given in combination with nivolumab, then followed by nivolumab monotherapy)
Gastric Cancer	<p><u>First-line therapy or subsequent therapy</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 6 weeks for 16 weeks (given in combination with nivolumab every 2 weeks, then followed by nivolumab monotherapy) <p><u>Neoadjuvant/perioperative therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) for 12 weeks, followed by surgery and then postoperative therapy with nivolumab
Hepatocellular Carcinoma (HCC)	Administer 3 mg/kg intravenously every 3 weeks for a total of 4 doses (given in combination with nivolumab on the same day, then follow with nivolumab monotherapy)
Pleural Mesothelioma (PM) & Peritoneal Mesothelioma (PeM) <i>(including pericardial mesothelioma and tunica vaginalis testis mesothelioma)</i>	<p><u>Subsequent therapy:</u></p> <p>Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) until disease progression or unacceptable toxicity</p> <p><u>All other lines of therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 or 3 weeks) until disease progression or unacceptable toxicity for up to 2 years
Cutaneous Melanoma	<p><u>Single agent as first-line or subsequent therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 3 mg/kg intravenously every 3 weeks for a maximum of 4 doses <p><u>In combination with nivolumab as first-line or subsequent therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously or 3 mg/kg intravenously every 3 weeks for a maximum of 4 doses (when given in combination with nivolumab on the same day, follow with nivolumab monotherapy) <p><u>In combination with pembrolizumab as subsequent therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 3 weeks for a maximum of 4 doses (given in combination with pembrolizumab on the same day, then follow with pembrolizumab monotherapy) <p><u>In combination with nivolumab as neoadjuvant therapy:</u></p> <ul style="list-style-type: none"> ○ Administer 1 mg/kg intravenously every 3 weeks for a maximum of 2 doses (given in combination with nivolumab on the same day) <p><u>Single agent as adjuvant therapy:</u></p> <ul style="list-style-type: none"> ○ <u>Initial:</u> Administer 3 mg/kg intravenously every 3 weeks for up to a maximum of 4 doses ○ <u>Maintenance:</u> Administer 3 mg/kg intravenously every 12 weeks for up to an additional 4 doses

	<p><u>In combination with nivolumab as adjuvant therapy:</u></p> <ul style="list-style-type: none"> Administer 1 mg/kg intravenously or 3 mg/kg intravenously every 3 weeks for a maximum of 4 doses (given in combination with nivolumab on the same day)
Uveal Melanoma	<p><u>Single agent:</u></p> <ul style="list-style-type: none"> Administer 3 mg/kg or 10 mg/kg intravenously every 3 weeks for 4 doses <p><u>In combination with nivolumab:</u></p> <ul style="list-style-type: none"> Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with nivolumab on the same day, then follow with nivolumab monotherapy)
Merkel Cell Carcinoma	<p><u>Single agent or in combination with nivolumab:</u></p> <ul style="list-style-type: none"> Administer 1 mg/kg intravenously every 6 weeks (may be given in combination with nivolumab every 2 weeks) until disease progression or unacceptable toxicity <p>OR</p> <ul style="list-style-type: none"> Administer 1 mg/kg intravenously OR 3 mg/kg intravenously every 3 weeks for a maximum of 4 doses (when given with nivolumab every 3 weeks, may follow with nivolumab monotherapy)
Non-Small Cell Lung Cancer (NSCLC)	<p><u>In combination with nivolumab:</u></p> <ul style="list-style-type: none"> Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 3 weeks) until disease progression or unacceptable toxicity for up to 2 years <p><u>In combination with nivolumab and platinum-doublet chemotherapy:</u></p> <ul style="list-style-type: none"> Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 3 weeks and histology-based platinum-doublet chemotherapy every 3 weeks for 2 cycles) until disease progression or unacceptable toxicity for up to 2 years
Adrenal Gland Tumor, Soft Tissue Sarcoma & Gestational Trophoblastic Neoplasia (GTN)	Administer 1 mg/kg intravenously every 6 weeks (given in combination with nivolumab every 2 weeks) until disease progression or unacceptable toxicity
<p><i>Note: All treatments given for a maximum of 4 doses must be administered within 16 weeks of the first dose.</i></p>	

VI. Billing Code/Availability Information

HCPCS Code:

- J9228 – Injection, ipilimumab, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Yervoy 50 mg/10 mL injection single-dose vial: 00003-2327-xx
- Yervoy 200 mg/40 mL injection single-dose vial: 00003-2328-xx

VII. References

1. Yervoy [package insert]. Princeton, NJ; Bristol-Meyers Squibb Company; May 2025. Accessed June 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ipilimumab. National Comprehensive Cancer Network, 2025. 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 September 2025.
3. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Small Cell Lung Cancer. Version 3.2025. National Comprehensive Cancer Network, 2024. 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 December 2024.
4. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Central Nervous System Cancers. Version 2.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
5. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Mesothelioma: Pleural. Version 2.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.

11. 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.
12. Hellmann MD, Ciuleanu TE, Pluzanski A, et al. Nivolumab plus ipilimumab in lung cancer with a high tumor mutational burden. *N Engl J Med* 2018; 378:2093-2104.
13. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. *J Oncol Pract*. 2018 Mar;14(3):e130-e136.
14. Hematology/Oncology Pharmacy Association (2019). *Intravenous Cancer Drug Waste Issue Brief*. Retrieved from http://www.hoparx.org/images/hopa/advocacy/Issue-Briefs/Drug_Waste_2019.pdf
15. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. *BMJ*. 2016 Feb 29;352:i788.
16. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Non-Small Cell Lung Cancer. Version 8.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
17. Eggermont AM, Chiarion-Sileni V, Grob JJ, et al. Adjuvant ipilimumab versus placebo after complete resection of high-risk stage III melanoma (EORTC 18071): a randomised, double-blind, phase 3 trial. *Lancet Oncol*. 2015 May;16(5):522-30. doi: 10.1016/S1470-2045(15)70122-1. Epub 2015 Mar 31.
18. Motzer RJ, Tannir NM, McDermott DF, et al. Nivolumab plus Ipilimumab versus Sunitinib in Advanced Renal-Cell Carcinoma. *N Engl J Med*. 2018 Apr 5;378(14):1277-1290. doi: 10.1056/NEJMoa1712126. Epub 2018 Mar 21.
19. Overman MJ, Lonardi S, Wong KYM, et al. Durable Clinical Benefit With Nivolumab Plus Ipilimumab in DNA Mismatch Repair-Deficient/Microsatellite Instability-High Metastatic Colorectal Cancer. *J Clin Oncol*. 2018 Mar 10;36(8):773-779. doi: 10.1200/JCO.2017.76.9901. Epub 2018 Jan 20.
20. Piulats JM, Cruz-Merino LDL, Garcia MTC, et al. Phase II multicenter, single arm, open label study of nivolumab in combination with ipilimumab in untreated patients with metastatic uveal melanoma (GEM1402.NCT02626962). *Annals of Oncology*, Volume 29, Issue suppl_8, October 2018, mdy289.003, <https://doi.org/10.1093/annonc/mdy289.003>.
21. Zimmer L, Vaubel J, Mohr P, et al. Phase II DeCOG-study of ipilimumab in pretreated and treatment-naïve patients with metastatic uveal melanoma. *PLoS One*. 2015 Mar 11;10(3):e0118564. doi: 10.1371/journal.pone.0118564. eCollection 2015.
22. Danielli R, Ridolfi R, Chiarion-Sileni V, et al. Ipilimumab in pretreated patients with metastatic uveal melanoma: safety and clinical efficacy. *Cancer Immunol Immunother*. 2012 Jan;61(1):41-8. doi: 10.1007/s00262-011-1089-0. Epub 2011 Aug 11.

23. Luke JJ, Callahan MK, Postow MA, et al. Clinical activity of ipilimumab for metastatic uveal melanoma: a retrospective review of the Dana-Farber Cancer Institute, Massachusetts General Hospital, Memorial Sloan-Kettering Cancer Center, and University Hospital of Lausanne experience. *Cancer*. 2013 Oct 15;119(20):3687-95. doi: 10.1002/cncr.28282. Epub 2013 Aug 2.
24. Hellmann MD, Paz-Ares L, Bernabe Caro R, et al. Nivolumab plus Ipilimumab in Advanced Non-Small-Cell Lung Cancer. *N Engl J Med*. 2019 Nov 21;381(21):2020-2031. doi: 10.1056/NEJMoa1910231. Epub 2019 Sep 28.
25. Scherpereel A, Mazieres J, Greillier L, et al. Nivolumab or nivolumab plus ipilimumab in patients with relapsed malignant pleural mesothelioma (IFCT-1501 MAPS2): a multicentre, open-label, randomised, non-comparative, phase 2 trial. *Lancet Oncol*. 2019 Feb;20(2):239-253. doi: 10.1016/S1470-2045(18)30765-4. Epub 2019 Jan 16.
26. Disselhorst MJ, Quispel-Janssen J, Lalezari F, et al. Ipilimumab and nivolumab in the treatment of recurrent malignant pleural mesothelioma (INITIATE): results of a prospective, single-arm, phase 2 trial. *Lancet Respir Med*. 2019 Mar;7(3):260-270. doi: 10.1016/S2213-2600(18)30420-X. Epub 2019 Jan 16.
27. Long GV, Atkinson V, Lo S, et al. Combination nivolumab and ipilimumab or nivolumab alone in melanoma brain metastases: a multicentre randomised phase 2 study. *Lancet Oncol*. 2018 May;19(5):672-681. doi: 10.1016/S1470-2045(18)30139-6. Epub 2018 Mar 27.
28. 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. doi: 10.1016/S1470-2045(12)70090-6. Epub 2012 Mar 27.
29. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Small Bowel Adenocarcinoma. Version 3.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
30. El-Khoueiry AB, Sangro B, Yau T, et al. Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): an open-label, non-comparative, phase 1/2 dose escalation and expansion trial. *Lancet*. 2017 Jun 24;389(10088):2492-2502. doi: 10.1016/S0140-6736(17)31046-2. Epub 2017 Apr 20.
31. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Colon Cancer. Version 4.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
32. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Melanoma: Uveal. Version 1.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.

33. Hellmann M, Ott PA, Zugazagoitia J, et al. Nivolumab (nivo) ± ipilimumab (ipi) in advanced small-cell lung cancer (SCLC): First report of a randomized expansion cohort from CheckMate 032. *J Clin Oncol* 2017; 35 Abstract 8503.
34. Zalcman G, Mazieres J, Greillier L, et al. Second- or third-line nivolumab (Nivo) versus nivo plus ipilimumab (Ipi) in malignant pleural mesothelioma (MPM) patients: Updated results of the IFCT-1501 MAPS2 randomized phase 2 trial [abstract]. *Ann Oncol* 2017; 28:Abstract LBA58_PR.
35. Hellmann MD, Paz-Ares L, Bernabe Caro R, et al. Nivolumab plus Ipilimumab in Advanced Non-Small-Cell Lung Cancer. *N Engl J Med*. 2019;381(21):2020-2031. doi:10.1056/NEJMoa1910231.
36. Reck M, Ciuleanu T-E, Dols MC, et al. Nivolumab (NIVO) + ipilimumab (IPI) + 2 cycles of platinum-doublet chemotherapy (chemo) vs 4 cycles chemo as first-line (1L) treatment (tx) for stage IV/recurrent non-small cell lung cancer (NSCLC): CheckMate 9LA [abstract]. *J Clin Oncol* 2020;38:Abstract 9501-9501.
37. Zalcman G, Peters S, Mansfield AS, et al. Checkmate 743: A phase 3, randomized, open-label trial of nivolumab (nivo) plus ipilimumab (ipi) vs pemetrexed plus cisplatin or carboplatin as first-line therapy in unresectable pleural mesothelioma. *Journal of Clinical Oncology* 2017 35:15_suppl, TPS8581-TPS8581.
38. Olson D, Luke J, Poklepovic A, et al. Significant antitumor activity for low-dose ipilimumab (IPI) with pembrolizumab (PEMBRO) immediately following progression on PD1 Ab in melanoma (MEL) in a phase II trial. *Journal of Clinical Oncology* 2020 38:15_suppl, 10004-10004
39. Pelster MS, Gruschkus SK, Bassett R, et al. Nivolumab and Ipilimumab in Metastatic Uveal Melanoma: Results From a Single-Arm Phase II Study. *J Clin Oncol*. 2021 Feb 20;39(6):599-607. doi: 10.1200/JCO.20.00605.
40. Carlino MS, Menzies AM, Atkinson V, et al. Long-term Follow-up of Standard-Dose Pembrolizumab Plus Reduced-Dose Ipilimumab in Patients with Advanced Melanoma: KEYNOTE-029 Part 1B. *Clin Cancer Res*. 2020 Oct 1;26(19):5086-5091. doi: 10.1158/1078-0432.CCR-20-0177.
41. Larkin J, Chiarion-Sileni V, Gonzalez R, et al. Combined Nivolumab and Ipilimumab or Monotherapy in Untreated Melanoma. *N Engl J Med*. 2015 Jul 2;373(1):23-34. doi: 10.1056/NEJMoa1504030. Epub 2015 May 31.
42. Lenz HJ, Lonardi S, Zagonel V, et al. Nivolumab (NIVO) + low-dose ipilimumab (IPI) as first-line (1L) therapy in microsatellite instability-high/DNA mismatch repair deficient (MSI-H/dMMR) metastatic colorectal cancer (mCRC): Clinical update [abstract]. *Journal of Clinical Oncology* 2019;37:3521-3521.
43. Hodi FS, Chiarion-Sileni V, Gonzalez R, et al. Nivolumab plus ipilimumab or nivolumab alone versus ipilimumab alone in advanced melanoma (CheckMate 067): 4-year outcomes of a multicentre, randomised, phase 3 trial. *Lancet Oncol*. 2018 Nov;19(11):1480-1492. doi: 10.1016/S1470-2045(18)30700-9. Epub 2018 Oct 22. Erratum in: *Lancet Oncol*. 2018 Dec;19(12):e668. Erratum in: *Lancet Oncol*. 2018 Nov;19(11):e581.

44. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Mesothelioma: Peritoneal. Version 2.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
45. Doki Y, Ajani JA, Kato K, et al. Nivolumab Combination Therapy in Advanced Esophageal Squamous-Cell Carcinoma. *N Engl J Med*. 2022 Feb 3;386(5):449-462. doi: 10.1056/NEJMoa2111380.
46. Schenker M, Burotto M, Richardet M, et al. CheckMate 848: A randomized, open-label, phase 2 study of nivolumab in combination with ipilimumab or nivolumab monotherapy in patients with advanced or metastatic solid tumors of high tumor mutational burden. Oral Presentation presented at the American Association for Cancer Research (AACR) 2022 Annual Meeting; April 8-13, 2022; New Orleans, LA.
47. Zer A, Icht O, Yosef L, et al. Phase II single-arm study of nivolumab and ipilimumab (Nivo/Ipi) in previously treated classical Kaposi sarcoma (cKS). *Annals of Oncology*. Volume 33, Issue 7, July 2022, Pages 720-727. <https://doi.org/10.1016/j.annonc.2022.03.012>.
48. Blank CU, Rozeman EA, Fanchi LF, et al. Neoadjuvant versus adjuvant ipilimumab plus nivolumab in macroscopic stage III melanoma. *Nat Med*. 2018 Nov;24(11):1655-1661. doi: 10.1038/s41591-018-0198-0.
49. Baas P, Scherpereel A, Nowak AK, et al. First-line nivolumab plus ipilimumab in unresectable malignant pleural mesothelioma (CheckMate 743): a multicentre, randomised, open-label, phase 3 trial. *Lancet*. 2021 Jan 30;397(10272):375-386. doi: 10.1016/S0140-6736(20)32714-8.
50. Glutsch V, Kneitz, Gesierich A, et al. Activity of ipilimumab plus nivolumab in avelumab-refractory Merkel cell carcinoma. *Cancer Immunology, Immunotherapy* volume 70, pages2087–2093 (2021).
51. Kim S, Wuthrick E, Blakaj D, et al. Combined nivolumab and ipilimumab with or without stereotactic body radiation therapy for advanced Merkel cell carcinoma: a randomized, open label, phase 2 trial. *The Lancet*. Published: September 11, 2022. doi:[https://doi.org/10.1016/S0140-6736\(22\)01659-2](https://doi.org/10.1016/S0140-6736(22)01659-2). PlumX Metrics.
52. Wagner M, Othus M, Patel S, et al. Multicenter phase II trial (SWOG S1609, cohort 51) of ipilimumab and nivolumab in metastatic or unresectable angiosarcoma: a substudy of dual anti-CTLA-4 and anti-PD-1 blockade in rare tumors (DART). *J Immunother Cancer*. 2021 Aug;9(8):e002990. doi: 10.1136/jitc-2021-002990.
53. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Esophageal and Esophagogastric Junction Cancers. Version 4.2025. National Comprehensive Cancer Network, 2025. 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 June 2025.

54. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Gastric Cancer. Version 3.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
55. LoPiccolo J, Schollenberger MD, Dakhil S, et al. Rescue therapy for patients with anti-PD-1-refractory Merkel cell carcinoma: a multicenter, retrospective case series. *J Immunother Cancer*. 2019 Jul 8;7(1):170. doi: 10.1186/s40425-019-0661-6.
56. Dagogo-Jack I, Madison RW, Lennerz JK, et al. Molecular characterization of mesothelioma: Impact of histologic type and site of origin on molecular landscape. *JCO Precis Oncol* 2022;6:e2100422.
57. Yau T, Kang YK, Kim TY, et al. Efficacy and safety of nivolumab plus ipilimumab in patients with advanced hepatocellular carcinoma previously treated with sorafenib: The CheckMate 040 randomized clinical trial. *JAMA Oncol* 2020;6:e204564.
58. Reijers ILM, Menzies AM, van Akkooi ACJ, et al. Personalized response-directed surgery and adjuvant therapy after neoadjuvant ipilimumab and nivolumab in high-risk stage III melanoma: the PRADO trial. *Nat Med* 2022;28:1178-1188.
59. Versluis JM, Menzies AM, Sikorska K, et al. Survival update of neoadjuvant ipilimumab plus nivolumab in macroscopic stage III melanoma in the OpACIN and OpACINneo trials. *Ann Oncol* 2023;34:420-430.
60. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Melanoma: Cutaneous Version 2.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
61. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Nivolumab + Ipilimumab followed by Nivolumab: Colon Cancer Chemotherapy Order Template, COL68. National Comprehensive Cancer Network, 2025. 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 May 2025.
62. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Nivolumab + Ipilimumab followed by Nivolumab: Rectal Cancer Chemotherapy Order Template, REC80. National Comprehensive Cancer Network, 2025. 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 May 2025.

63. Lebbe C, Meyer N, Mortier L, et al. Initial results from a phase IIIb/IV study evaluating two dosing regimens of nivolumab (NIVO) in combination with ipilimumab (IPI) in patients with advanced melanoma (CheckMate 511)(abstract). Ann Oncol 2018;29:LBA47.
64. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Gestational Trophoblastic Neoplasia. Version 3.2025. National Comprehensive Cancer Network, 2025. 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 September 2025.
65. Tarhini AA, Lee SJ, Hodi FS, et al. Phase III Study of Adjuvant Ipilimumab (3 or 10 mg/kg) Versus High-Dose Interferon Alfa-2b for Resected High-Risk Melanoma: North American Intergroup E1609. J Clin Oncol. 2020 Feb 20;38(6):567-575. doi: 10.1200/JCO.19.01381. Epub 2019 Dec 27. PMID: 31880964; PMCID: PMC7030886.
66. Akaike T, Jabbour AJ, Goff PH, et al. Merkel cell carcinoma refractory to antiPD(L)1: utility of adding ipilimumab for salvage therapy. J Immunother Cancer 2024;12:e009396.
67. Andre T, Elez E, Van Cutsem E, et al; CheckMate 8HW Investigators. Nivolumab plus Ipilimumab in Microsatellite-Instability-High Metastatic Colorectal Cancer. N Engl J Med. 2024 Nov 28;391(21):2014-2026. doi: 10.1056/NEJMoa2402141. PMID: 39602630.
68. Galle PR, Decaens T, Kudo M, et al. Nivolumab (NIVO) plus ipilimumab (IPI) vs lenvatinib (LEN) or sorafenib (SOR) as first-line treatment for unresectable hepatocellular carcinoma (uHCC): First results from CheckMate 9DW. JCO 42, LBA4008-LBA4008(2024). https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA4008.
69. Patel SP, Othus M, Chae YK, et al. Phase II basket trial of dual anti-CTLA-4 and anti-PD-1 blockade in rare tumors (DART) SWOG S1609: Adrenocortical carcinoma cohort. J Immunother Cancer 2024;12:e009074.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime’s assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
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
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.3	Angiosarcoma of liver

ICD-10	ICD-10 Description
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
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
C34.31	Malignant neoplasm of lower lobe, right 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
C34.81	Malignant neoplasm of overlapping sites of right 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
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb

ICD-10	ICD-10 Description
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower 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
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium

ICD-10	ICD-10 Description
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax

ICD-10	ICD-10 Description
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C58	Malignant neoplasm of placenta
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

ICD-10	ICD-10 Description
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
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
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
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D39.2	Neoplasm of uncertain behavior of placenta

ICD-10	ICD-10 Description
O01.9	Hydatidiform mole, unspecified
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.820	Personal history of malignant melanoma of skin
Z85.821	Personal history of Merkel cell carcinoma
Z85.830	Personal history of malignant neoplasm of bone
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.858	Personal history of malignant neoplasm of other endocrine glands

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents:

<https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
15	KY, OH	CGS Administrators, LLC