

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	✓	Medicare Part B	Reference #
Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)	Medical Benefit: Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First	6305-D
Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)	Medical Benefit: Add-on			
Value (VF)	Aetna Health Exchange (AHE)		Medical Benefit: Managed Medicaid			
	IVL					

EXCEPTIONS CRITERIA

PD1/PDL1 PRODUCTS- NON-SMALL CELL LUNG CANCER (NSCLC)

PREFERRED PRODUCT: LIBTAYO

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the PD1/PDL1 products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. PD1/PDL1 Products

	Product(s)
Preferred*	<ul style="list-style-type: none"> Libtayo (cemiplimab)
Targeted	<ul style="list-style-type: none"> Imfinzi (durvalumab) Keytruda (pembrolizumab) Opdivo (nivolumab) Tecentriq (atezolizumab)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when the member meets one of the following criteria:

- Member has received treatment with the targeted product in the past 365 days.
- Member has had a documented intolerable adverse event to the preferred product.
- Keytruda is being used for advanced or metastatic NSCLC with adenocarcinoma or squamous cell histology and with PD-L1 expression of greater than or equal to 1-49%.
- Keytruda, Imfinzi or Tecentriq is being used for the adjuvant treatment of NSCLC.
- Opdivo is being used for the neoadjuvant treatment of NSCLC.

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	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid			
			IVL							

REFERENCES

1. Imfinzi [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2023.
2. Libtayo [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2024.
3. Keytruda [package insert]. Rathway, NJ: Merck & Co., Inc.; March 2024.
4. Opdivo [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2024.
5. Tecentriq [package insert]. South San Francisco, CA: Genentech, Inc.; May 2023.
6. Clinical Consult. CVS Caremark Clinical Programs Review: Focus on Oncology Clinical Programs. May 2023.