

Tremelimumab



Included Products: Imjudo (tremelimumab-actl)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 01/12/2023

Revised: 01/12/2023

Reviewed: 01/12/2023

Updated: 02/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Continue to indications.		

Hepatocellular Carcinoma, unresectable

Initial Criteria		If yes	If no
1.	Does the provider document a statement of medical necessity for Imjudo given with Imfinzi (STRIDE regimen) over Imfinzi monotherapy?	Continue to #2.	Do not approve.
2.	Approve one dose.		

Continued >>

Non-small Cell Lung Cancer

Initial Criteria		If yes	If no
1.	Is Imjudo being used with Imfinzi?	Continue to #2.	Do not approve.
2.	Approve five doses in 12 months.		