Yervoy (ipilimumab)
Prior Authorization Form

This document contains the most current medical coverage criteria using guidance from experts and approved by the Physicians Plus Pharmacy and Therapeutics Committee. This document remains dynamic and will be updated from time to time as new evidence becomes available reflecting substantive changes in care. The most recent version of the medical coverage criteria can be found at http://www.pplusic.com/providers/pharmacy/drug-prior-authorization-forms.

Warnings and Precautions (see full prescribing information for complete warnings and precautions)

1. **BLACK BOX WARNING:** Immune-mediated adverse reactions can be severe and fatal due to T-cell activation and proliferation. The most common severe immune related reactions may involve enterocolitis, hepatitis, dermatitis (including toxic epidermal necrolysis), neuropathy, and endocrinopathy. The majority of these reactions occurred during treatment; however a minority occurred weeks to months after discontinuation of ipilimumab. Should these reactions occur, permanently discontinue ipilimumab and initiate high-dose corticosteroid therapy for severe immune-mediated reactions at a dose of 1 to 2 mg/kg/day prednisone or equivalent. Administer corticosteroid eye drops in patients who develop uveitis, iritis or episcleritis.

2. Assess patients for signs and symptoms of enterocolitis, dermatitis, neuropathy, and endocrinopathy and evaluate clinical chemistries including liver function tests and thyroid function tests at baseline and before each dose.

3. Other immune-mediated adverse reactions that occurred in less than 1% of ipilimumab recipients were: nephritis, pneumonitis, meningitis, pericarditis, uveitis, iritis, hemolytic anemia, myocarditis, angiopathy, temporal arteritis, vasculitis, polymyalgia rheumatica, conjunctivitis, blepharitis, episcleritis, scleritis, leukocytoclastic vasculitis, erythema multiforme, psoriasis, pancreatitis, arthritis, autommune thyroiditis, sarcoidosis, neurosensory hypoacusis, autoimmune central neuropathy (encephalitis), myositis, polymyositis and ocular myositis.

FDA Indications: Treatment of unresectable or metastatic melanoma.
Yervoy® (ipilimumab) Prior Authorization Form

**Criteria**
Approvable for treatment of persons aged 16 years and older with:
- Oncologist request
- Unresectable stage III of IV metastatic melanoma
- Patient aged 16 years or older
- Approval will be for 4 doses (three months).

Attach guideline or protocol if therapy is beyond FDA indication.

**Dose and Duration**
- Yervoy (ipilimumab) dose ___________ and patient weight ___________
- Requested treatment duration: ___________________________

**Sign/Date & Mail or Fax**
- Prescriber Signature: ___________________________ Date: __________
- Prescriber NPI: ___________________________

**Mailing Address**
Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:
(608) 327-0324

Prior Authorization Questions?
(608) 260-7803 or (800) 545-5015

www.pplusic.com/providers