Clinical Policy: Nivolumab (Opdivo), Nivolumab/Hyaluronidase-nvhy (Opdivo Qvantig)

Reference Number: CP.PHAR.121
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Line of Business: Commercial, HIM, Medicaid

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Nivolumab (Opdivo®) is a programmed death receptor-1 (PD-1) blocking antibody. Nivolumab/hyaluronidase-nvhy (Opdivo Qvantig™) is a combination of nivolumab and hyaluronidase, an endoglycosidase.

FDA Approved Indication(s)

Indications	Description		Opdivo	Opdivo Qvantig
Melanoma	Unresectable or metastatic melanoma	As a single agent	X (Age ≥ 12 years)	X (Adults only)
		In combination with ipilimumab‡	X (Age ≥ 12 years)	
		Following combination treatment with intravenous nivolumab and ipilimumab		X (Adults only)
	Completely resected Stage IIB, Stage IIC, Stage III, or Stage IV melanoma, in the adjuvant setting		X (Age ≥ 12 years)	X (Adults only)
Non-small cell lung cancer (NSCLC)	Adult patients with resectable (tumors ≥ 4 cm or node positive) NSCLC in the neoadjuvant setting, in combination with platinum-doublet chemotherapy		X	X
	Adult patients with resectable (tumors ≥ 4 cm or node positive) NSCLC and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements, for neoadjuvant treatment in combination with platinum-doublet chemotherapy, followed by single-agent Opdivo or Opdivo Qvantig as adjuvant treatment after surgery		X	X
	Adult patients with metastatic NSCLC expressing PD-L1 (≥ 1%) as determined by an FDA-approved test, with no EGFR or ALK genomic		X	

Indications	Description	Opdivo	Opdivo Qvantig
	tumor aberrations, as first-line treatment in combination with ipilimumab‡		
	Adult patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations as first-line treatment, in combination with ipilimumab and 2 cycles of platinum-doublet chemotherapy‡	X	
	Adult patients with metastatic NSCLC and progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Opdivo or Opdivo Qvantig	X	X
Malignant pleural mesothelioma	Adult patients with unresectable malignant pleural mesothelioma, as first-line treatment in combination with ipilimumab	X	
Renal cell carcinoma (RCC)	Adult patients with advanced RCC who have received prior antiangiogenic therapy	X	X
	Adult patients with advanced RCC, as a first-line treatment in combination with cabozantinib	X	X
	Adult patients with intermediate or poor risk advanced RCC, as a first-line treatment: In combination with ipilimumab‡	X	
	Adult patients with intermediate or poor risk advanced RCC, as a first-line treatment: Following combination treatment with nivolumab with ipilimumab		X
Classical Hodgkin lymphoma (cHL)*	Adult patients with cHL that has relapsed or progressed after: • autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin, or • 3 or more lines of systemic therapy that includes autologous HSCT.	X	
Squamous cell carcinoma of the head and neck (SCCHN)	Adult patients with recurrent or metastatic SCCHN with disease progression on or after a platinum-based therapy	X	X
Urothelial carcinoma (UC)	Adjuvant treatment of adult patients with UC who are at high risk of recurrence after undergoing radical resection of UC	X	X
	Adult patients with unresectable or metastatic UC, as first-line treatment in combination with cisplatin and gemcitabine	X	X

Indications	Description		Opdivo	Opdivo Qvantig
	Adult patients with locally advanced or metastatic UC who: • have disease progression during or following platinum-containing chemotherapy, or • have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy		X	X
Colorectal cancer (CRC)*	Patients with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic CRC that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan	As a single agent	X (Age ≥ 12 years)	X (Adults only)
		In combination with ipilimumab‡	X (Age ≥ 12 years)	
		As monotherapy following combination treatment with intravenous nivolumab and ipilimumab		X (Adults only)
Hepatocellular carcinoma (HCC)*	Adult patients with HCC who have been previously treated with sorafenib	In combination with ipilimumab‡	X	
		Following combination treatment with intravenous nivolumab and ipilimumab		X
Esophageal cancer	As adjuvant treatment in adult patients with completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease who have received neoadjuvant chemoradiotherapy (CRT)		X	X
	In combination with fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of adult patients with unresectable advanced or metastatic esophageal squamous cell carcinoma (ESCC)		X	X
	In combination with ipilimumab for the first-line treatment of adult patients with unresectable advanced or metastatic ESCC‡		X	
	Adult patients with unresectable advanced, recurrent, or metastatic ESCC after prior fluoropyrimidine- and platinum-based chemotherapy		X	X
Gastric cancer, gastroesophageal	In combination with fluoropyrimidine- and platinum-containing chemotherapy for adult		X	X

Indications	Description	Opdivo	Opdivo Qvantig
junction cancer, and esophageal adenocarcinoma	patients with advanced or metastatic gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma		

*This indication is approved under accelerated approval based on overall or tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

ǂ Limitation(s) of use: Opdivo Qvantig is not indicated in combination with ipilimumab for the treatment of RCC, unresectable or metastatic melanoma, metastatic NSCLC, MSI-H or dMMR metastatic CRC, HCC, or unresectable advanced or metastatic ESCC.

Policy/Criteria
Provider must submit documentation (including such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Opdivo is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of melanoma that is either (a or b):
   a. Unresectable or metastatic;
   b. Resected stage IIB, IIC, III, or IV;
2. Prescribed by or in consultation with an oncologist;
3. Member meets one of the following (a or b):
   a. Opdivo: Age ≥ 12 years;
   b. Opdivo Qvantig: Age ≥ 18 years;
4. Prescribed in one of the following ways (a or b):
   a. For use as a single agent;
   b. For Opdivo requests: For use in combination with Yervoy®;
      **Prior authorization may be required for Yervoy.*
5. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V (*see Appendix E for dose rounding guidelines*);
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Non-Small Cell Lung Cancer (must meet all)**:**

1. Diagnosis of resectable, recurrent, advanced, or metastatic NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member has not previously progressed on a PD-1/PD-L1 inhibitor (e.g., Keytruda®, Tecentriq®, Imfinzi®);

5. For resectable NSCLC: Both of the following (a and b):
   a. Prescribed in one of the following ways (i or ii):
      i. Neoadjuvant treatment in combination with platinum-doublet chemotherapy for up to 4 cycles ;
      ii. Adjuvant treatment as a single agent, and both of the following (1 and 2):
         1) Prescribed following neoadjuvant treatment in combination with platinum-doublet chemotherapy;
         2) Disease mutation status is negative for EGFR and ALK;
   b. Tumors ≥ 4 cm or node positive disease;
6. For recurrent, advanced, or metastatic NSCLC: Prescribed in one of the following ways (a or b):
   a. For use as a single agent, and disease has progressed on or after systemic therapy;
   b. For Opdivo requests: For use in combination with Yervoy, and both of the following (i and ii):
      i. Request meets one of the following (1, 2, or 3):
         1) Disease mutation status is unknown or negative for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping, and RET, and member has not received prior systemic therapy for advanced disease;
         2) Disease mutation status is positive for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping, RET, or NTRK gene fusion, and member has received mutation-specific treatment;
         3) Disease is positive for a RET rearrangement;
      ii. Request meets one of the following (1 or 2):
         1) Member has PD-L1 tumor expression of ≥ 1%;
         2) Opdivo is being used in combination with Yervoy ± a platinum-based regimen (*see Appendix B*);

   **Prior authorization may be required for Yervoy*
7. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months *(up to 12 weeks for neoadjuvant)*

C. Malignant Pleural Mesothelioma (must meet all)**:**
1. Diagnosis of unresectable malignant pleural mesothelioma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. For Opdivo requests: Prescribed in one of the following ways (a or b):
   a. As first-line therapy in combination with Yervoy;
   b. If not administered first-line, as subsequent therapy in combination with Yervoy or as a single agent (*off-label*);

   **Prior authorization may be required for Yervoy.*
5. For Opdivo Qvantig requests: Prescribed as subsequent therapy as a single agent (*off-label);*
6. Request meets one of the following (a or b):*
   a. Opdivo: Dose does not exceed 360 mg every 3 weeks;

b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

D. Renal Cell Carcinoma (must meet all)**:**

1. Diagnosis of RCC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is relapsed, recurrent, metastatic, surgically unresectable stage IV;
5. For Opdivo requests: Prescribed in one of the following ways (a, b, or c):
   a. For use as a single agent;
   b. For use in combination with Cabometyx®;
   c. For use in combination with Yervoy;
   **Prior authorization may be required for Yervoy.*
6. For Opdivo Qvantig requests: Prescribed in one of the following ways (a, b, or c):
   a. For use as first-line treatment as a single agent, following combination treatment with Opdivo and Yervoy;
   b. For use as subsequent therapy as a single agent;
   c. For use in combination with Cabometyx;
7. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V (*see Appendix E for dose rounding guidelines*);
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

E. Classical Hodgkin Lymphoma (must meet all)**:**

1. Diagnosis cHL;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. One of the following (a or b):
   a. Disease is stage III-IV: Prescribed as primary treatment in combination with AVD (doxorubicin, vinblastine, darcarbazine) (*off-label)*;
   b. Disease is relapsed, refractory or progressive: One of the following (i or ii):
      i. Prescribed as subsequent therapy as a single agent;
      ii. Palliative therapy (*off-label*);
5. Request meets one of the following (a or b):*
   a. Opdivo: Dose does not exceed 240 mg every 2 weeks or 480 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

F. Squamous Cell Carcinoma of the Head and Neck (must meet all)**:**

1. Diagnosis of SCCHN;

2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed in one of the following ways (a, b, c, or d):
   a. For use as a single agent, and disease has progressed on or after a platinum-containing regimen (e.g., cisplatin, carboplatin);
   b. For use in combination with cisplatin and gemcitabine (*off-label*);
   c. For use in combination with Erbitux® as first-line therapy or subsequent-line therapy (*off-label*);
   d. For Opdivo requests: For use in combination with Yervoy as first-line therapy (*off-label);*

   **Prior authorization may be required for Yervoy.*
5. Request meets one of the following (a, b, or c):*
   a. Opdivo: Dose does not exceed 240 mg every 2 weeks or 480 mg every 4 weeks;
   b. Opdivo Qvantig: Dose does not exceed 600 mg/10,000 units every 2 weeks or 1,200 mg/20,000 units every 4 weeks;
   c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

G. Urothelial Carcinoma (must meet all)**:**
1. Diagnosis of UC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. One of the following (a, b, c, or d):
   a. Failure of a platinum-containing regimen (e.g., cisplatin, carboplatin), unless clinically significant adverse effects are experienced or all are contraindicated;
   b. Prescribed as adjuvant treatment and member is at high risk of recurrence after undergoing resection of UC;
   c. Member is at high risk of recurrence and did not previously receive a platinum-containing regimen;
   d. Prescribed as first-line treatment in combination with cisplatin and gemcitabine;
5. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

H. Colorectal Cancer (must meet all)**:**
1. Diagnosis of unresectable, metastatic, or advanced CRC;
2. Tumor is characterized as MSI-H, dMMR, or (*off-label*) polymerase epsilon/delta (POLE/POLD1);
3. Prescribed by or in consultation with an oncologist;
4. Member meets one of the following (a or b):
   a. Opdivo: Age ≥ 12 years;
   b. Opdivo Qvantig: Age ≥ 18 years;

5. Prescribed in one of the following ways (a or b):
   a. For use as a single agent;
   b. Opdivo requests: For use in combination with Yervoy;
   **Prior authorization may be required for Yervoy.*
6. Dose does not exceed one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V (*see Appendix E for dose rounding guidelines*);
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

I. Hepatocellular Carcinoma (must meet all)**:**
1. Diagnosis of HCC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed as subsequent line systemic therapy;
5. For Opdivo requests: Prescribed in one of the following ways (a or b):
   a. For use as a single agent;
   b. For use in combination with Yervoy;
   **Prior authorization may be required for Yervoy.*
6. For Opdvio Qvantig requests: Prescribed as a single agent following combination treatment with Opdivo and Yervoy;
7. Member has not been previously treated with immune checkpoint inhibitor therapy (PD-L1/PD-1, e.g., Keytruda), unless following atezolizumab and bevacizumab if prescribed in combination with Yervoy;
8. Dose does not exceed one of the following (a, b, or c):*
   a. Opdivo in combination with Yervoy: 1 mg/kg every 3 weeks for 4 doses, then 240 mg every 2 weeks or 480 mg every 4 weeks (*see Appendix E for dose rounding guidelines*);
   b. Opdivo Qvantig: 600 mg/10,000 units every 2 weeks or 1,200 mg/20,000 units every 4 weeks;
   c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

J. Esophageal Cancer (must meet all)**:**
1. Diagnosis of one of the following (a, b, or c):
   a. Completely resected or planned esophagectomy esophageal cancer or gastroesophageal junction (esophagogastric junction; EGJ) cancer;
   b. Unresectable advanced, recurrent, or metastatic ESCC;
   c. MSI-H or dMMR esophageal cancer or EGJ cancer (*off-label*);
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;

4. For completely resected esophageal cancer or EGJ cancer, member meets both of the following (a and b):
   a. Member has residual pathologic disease;
   b. Member has previously received CRT;
5. For ESCC, one of the following (a or b):
   a. For unresectable advanced or metastatic disease, prescribed in one of the following ways (i or ii):
      i. In combination with fluoropyrimidine- and platinum-containing chemotherapy;
      ii. For Opdivo requests: In combination with Yervoy;
      **Prior authorization may be required for Yervoy.*
   b. For unresectable advanced, recurrent, or metastatic disease: Member has had previous treatment with a fluoropyrimidine-based (e.g., 5-fluorouracil, capecitabine) and platinum-based (e.g., carboplatin, cisplatin, oxaliplatin) chemotherapy;
6. For MSI-H or dMMR cancers, prescribed in one of the following ways (a, b, or c):
   a. As a single agent;
   b. In combination with fluoropyrimidine-containing chemotherapy (e.g., 5-fluorouracil, capecitabine) and oxaliplatin;
   c. For Opdivo requests: In combination with Yervoy;
   **Prior authorization may be required for Yervoy.*
7. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

K. Gastric and Esophageal Adenocarcinomas (must meet all)**:**
1. Diagnosis of gastric cancer, EGJ cancer, or esophageal adenocarcinoma;
2. Member meets one of the following (a, b, or c):
   a. Disease is unresectable, advanced, recurrent, or metastatic;
   b. For EGJ cancer or esophageal adenocarcinoma: Member meets one of the following (i, ii, or iii):
      i. Member is post-operative following chemoradiation;
      ii. Member has planned esophagectomy;
      iii. Disease is advanced, recurrent, or metastatic;
   c. Tumor is characterized as MSI-H or dMMR (*off-label*);
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. For advanced, recurrent, or metastatic disease, both of the following (a and b):
   a. Prescribed in combination with a fluoropyrimidine- (e.g., 5-fluorouracil, capecitabine) and platinum-containing (e.g., carboplatin, cisplatin, oxaliplatin) chemotherapy;
   b. Disease is HER2-negative;
6. For MSI-H or dMMR cancers, prescribed in one of the following ways (a, b, or c):
   a. As a single agent;

b. In combination with fluoropyrimidine-containing chemotherapy (e.g., 5-fluorouracil, capecitabine) and oxaliplatin;
c. For Opdivo requests: In combination with Yervoy;
**Prior authorization may be required for Yervoy.*

7. Request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

L. Off-Label NCCN Compendium Recommended Indications (must meet all)**:**

1. Diagnosis of one of the following (a-w):
   a. Squamous cell anal carcinoma that is recurrent or metastatic;
   b. Merkel cell carcinoma;
   c. Gestational trophoblastic neoplasia;
   d. Uveal melanoma that is metastatic or unresectable;
   e. Extranodal NK/T-cell lymphoma, nasal type, that is relapsed or refractory;
   f. Pediatric Hodgkin lymphoma, as re-induction therapy or subsequent therapy;
   g. Vulvar cancer – HPV-related advanced, recurrent, or metastatic disease, as second-line treatment;
   h. Cervical cancer;
   i. Endometrial carcinoma that is recurrent or metastatic;
   j. Small cell lung cancer (SCLC), as subsequent therapy;
   k. Bone cancer (e.g., Ewing Sarcoma, chordoma, osteosarcoma, chondrosarcoma);
   l. Central nervous system (CNS) cancer (e.g., brain metastases);
   m. Primary mediastinal large B-cell lymphoma that is relapsed or refractory;
   n. Pediatric diffuse high-grade gliomas;
   o. One of the following MSI-H or dMMR cancers (i, ii, or iii):
      i. Ampullary adenocarcinoma;
      ii. Small bowel adenocarcinoma that is advanced or metastatic;
      iii. Endometrial carcinoma that is recurrent or metastatic, as subsequent therapy;
   p. Small bowel adenocarcinoma with POLE/POLD1 mutation;
   q. One of the following biliary tract cancers that is unresectable, resected gross residual (R2), advanced, or metastatic (i, ii, or iii):
      i. Extrahepatic cholangiocarcinoma;
      ii. Intrahepatic cholangiocarcinoma;
      iii. Gallbladder cancer;
   r. Classic Kaposi sarcoma, as subsequent therapy;
   s. One of the following unresectable or metastatic soft tissue sarcomas (i – vii):
      i. Tumor classified as TMB high (TMB-H) (i.e., ≥ 10 mutations/megabase [mut/Mb]);
      ii. Angiosarcoma;
      iii. Myxofibrosarcoma;
      iv. Undifferentiated pleomorphic sarcoma;
      v. Dedifferentiated liposarcoma;
      vi. Undifferentiated sarcomas;

vii. Pleomorphic rhabdomyosarcoma, as subsequent therapy;
t. Anaplastic thyroid carcinoma that is metastatic;
u. Vaginal cancer, as second-line or subsequent therapy;
v. Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) with histologic (Richter) transformation to diffuse B-cell lymphoma;
w. One of the following mesothelioma (i, ii, or iii):
i. Peritoneal mesothelioma;
ii. Pericardial mesothelioma;
iii. Tunica vaginalis testis mesothelioma

2. Prescribed by or in consultation with an oncologist;
3. Member meets one of the following (a or b):
a. Opdivo: Age ≥ 12 years;
b. Opdivo Qvantig: Age ≥ 18 years;
4. For anal carcinoma: prescribed prior to resection or as second line or subsequent therapy (examples of prior therapy include 5-FU/cisplatin, carboplatin/paclitaxel, FOLFOX, FOLFCIS);
5. For gestational trophoblastic neoplasia: prescribed as a single agent for multi-agent chemotherapy-resistant disease (*see Appendix B*) in one of the following settings (a or b):
a. Recurrent or progressive intermediate trophoblastic tumor;
b. High-risk disease (*see Appendix D*);
6. For primary mediastinal large B-cell lymphoma: prescribed as one of the following (a or b):
a. As a single agent;
b. Combination with brentuximab vedotin as consolidation/additional therapy;
7. For pediatric diffuse high-grade gliomas: prescribed as a single agent for adjuvant therapy or for recurrent/progressive disease;
8. For Merkel cell carcinoma, uveal melanoma, CNS cancer, hepatobiliary cancer, small bowel adenocarcinoma, soft tissue sarcoma, Kaposi sarcoma, mesotheliomas, prescribed in one of the following ways (a or b):
a. As a single agent;
b. For Opdivo requests: In combination with Yervoy;
**Prior authorization may be required for Yervoy.*
9. For bone cancer, ampullary adenocarcinoma, CLL or SLL, both of the following (a and b):
a. Request is for Opdivo;
b. Prescribed in combination with Yervoy;
**Prior authorization may be required for Yervoy.*
10. For endometrial carcinoma, anaplastic thyroid carcinoma, vaginal cancer, SCLC: prescribed as a single agent;
11. For cervical cancer: prescribed as second line or subsequent therapy for PD-L1 tumor expression of ≥ 1%;
12. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).*
**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

M. Other diagnoses/indications (must meet 1 or 2)**:**
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**
1. Currently receiving medication via Centene benefit, or documentation supports that member is currently receiving Opdivo or Opdivo Qvantig for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for adjuvant treatment, maximum duration of therapy does not exceed one of the following (a or b):
   a. For NSCLC: 13 cycles;
   b. All other FDA-approved adjuvant indications: up to 1 year;
4. If request is for metastatic or recurrent NSCLC in combination with Yervoy, malignant pleural mesothelioma, advanced RCC in combination with Cabometyx, unresectable or metastatic UC, ESCC in combination with chemotherapy, gastric cancer, EGJ, and esophageal adenocarcinoma, maximum duration of therapy does not exceed 2 years;
5. If request is for a dose increase, request meets one of the following (a or b):*
   a. Dose does not exceed the maximum indicated regimen in section V (*see Appendix E for dose rounding guidelines*);
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):

a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or

2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALK: anaplastic lymphoma kinase
BRAF: B-Raf proto-oncogene, serine/threonine kinase
CHL: classic Hodgkin lymphoma
CLL: chronic lymphocytic leukemia
CNS: central nervous system
CRC: colorectal cancer
dMMR: mismatch repair deficient
EGFR: epidermal growth factor receptor
EGJ: esophagogastric junction
ESCC: esophageal squamous cell carcinoma
FDA: Food and Drug Administration
HCC: hepatocellular carcinoma
HER-2: human epidermal growth factor receptor-2
HSCT: hematopoietic stem cell transplantation
MET: mesenchymal-epithelial transition
MSI-H: microsatellite instability-high
NSCLC: non-small cell lung cancer
PD-1: programmed death receptor-1
PD-L1: programmed death-ligand 1
POLE: polymerase epsilon
POLD: polymerase delta
RCC: renal cell carcinoma
ROS1: ROS proto-oncogene 1
SCLC: small cell lung cancer
SLL: small lymphocytic lymphoma
TMB: tumor mutational burden
UC: urothelial carcinoma

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
sorafenib (Nexavar)	HCC: 400 mg PO BID until clinical benefit ceases or unacceptable toxicity occurs	800 mg/day
Lenvima (lenvatinib)	HCC: 12 mg PO QD (patients ≥ 60 kg) or 8 mg PO QD (patients < 60 kg) until disease progression or unacceptable toxicity	12 mg/day
Tecentriq (atezolizumab) + bevacizumab (Avastin®, Mvasi, Zirabev)	HCC Tecentriq: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks Bevacizumab: 15 mg/kg IV every 3 weeks	See regimen
Imfinzi (durvalumab)*	HCC Varies	Varies
First-line therapies (e.g., 5-FU/cisplatin, carboplatin/paclitaxel, FOLFOX, FOLFCIS)	Metastatic anal carcinoma: Varies	Varies
First-line therapies (e.g., platinum/etoposide-containing regimen)	Gestational trophoblastic neoplasia: Varies	Varies
platinum-containing regimens	NSCLC – squamous cell carcinoma: paclitaxel + carboplatin dose varies NSCLC – nonsquamous cell carcinoma: pemetrexed + [carboplatin or cisplatin] dose varies UC, SCCHN: Varies	Varies
Multiagent chemotherapy regimens examples: EMA/CO (etoposide, methotrexate, dactinomycin/cyclophosphamide, vincristine), EMA/EP (etoposide, methotrexate, dactinomycin/etoposide, cisplatin)	Gestational Trophoblastic Neoplasia: Varies	Varies
Yervoy (ipilimumab)	Melanoma, HCC: 3 mg/kg IV every 3 weeks for a maximum of 4 doses	See regimen

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	RCC, CRC: 1 mg/kg IV every 3 weeks for a maximum of 4 doses NSCLC, malignant pleural mesothelioma, ESCC: 1 mg/kg IV every 6 weeks	

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**Off-label*

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information
- High-risk disease in gestational trophoblastic neoplasia is defined as having a FIGO stage IV or a prognostic score ≥ 7
  - FIGO staging system:

Stage	Criteria
I	Tumor confined to uterus
II	Tumor extends to other genital structures (ovary, tube, vagina, broad ligaments) by metastasis or direct extension
III	Lung metastasis
IV	All other distant metastases

  - Prognostic Scoring Index
    - The total score is obtained by adding the individual scores for each prognostic factor (low risk is indicated by a score < 7 and high risk is indicated by a score ≥ 7)

Prognostic Factor	Risk Score			
	0	1	2	4
Age (years)	< 40	≥ 40	--	--
Antecedent pregnancy	Hydatidiform mole	Abortion	Term pregnancy	--
Interval from index pregnancy (months)	< 4	4 to 6	7 to 12	>12
Pretreatment hCG (IU/L)	$< 10^3$	10^3 to $< 10^4$	10^4 to 10^5	$\geq 10^5$
Largest tumor size, including uterus (cm)	< 3	3 to 5	> 5	

Prognostic Factor	Risk Score			
	0	1	2	4
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified	0	1 to 4	5 to 8	> 8
Previous failed chemotherapy	--	--	Single drug	Two or more drugs
Total score	--	--	--	--

*Appendix E: Dose Rounding Guidelines**

Weight-based Dose Range	Vial Quantity Recommendation
≤ 41.99 mg	1 vial of 40 mg/4 mL
42 mg-104.99 mg	1 vial of 100 mg/10 mL
105 mg-146.99 mg	1 vial of 40 mg/4 mL and 100 mg/10 mL
147 mg-209.99 mg	2 vials of 100 mg/10 mL
210 mg-251.99 mg	1 vial of 240 mg/24 mL
260 mg-293.99 mg	1 vial of 40 mg/4 mL and 240 mg/24 mL
294 mg-356.99 mg	1 vial of 100 mg/4 mL and 240 mg/24 mL
357 mg-503.99 mg	2 vials of 240 mg/24 mL

**This is part of a dose rounding guideline on select drug classes as part of an initiative conducted on a larger scale with multiple references and prescriber feedback.*

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Opdivo	Melanoma (unresectable or metastatic)	Monotherapy: • Adult and pediatric patients weighing ≥ 40 kg: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • Pediatric patients weighing < 40 kg: 3 mg/kg IV every 2 weeks or 6 mg/kg IV every 4 weeks With ipilimumab: • Adult and pediatric patients weighing ≥ 40 kg: 1 mg/kg IV, followed by ipilimumab 3 mg/kg IV on the same day, every 3 weeks for 4 doses, then nivolumab 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • Pediatric patients weighing < 40 kg: 1 mg/kg IV, followed by ipilimumab 3 mg/kg IV on the same day, every 3	See regimen

Drug Name	Indication	Dosing Regimen	Maximum Dose
		weeks for 4 doses, then nivolumab 3 mg/kg IV every 3 weeks or 6 mg/kg mg IV every 6 weeks	
	Melanoma (adjuvant treatment)	• Adult and pediatric patients weighing ≥ 40 kg: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • Pediatric patients weighing < 40 kg: 3 mg/kg IV every 2 weeks or 6 mg/kg IV every 4 weeks Until disease recurrence or unacceptable toxicity for up to 1 year	See regimen
	RCC – advanced with previous anti-angiogenic therapy, cHL, SCCHN	240 mg IV every 2 weeks or 480 mg IV every 4 weeks	480 mg/dose
	RCC – advanced previously untreated	Monotherapy or with cabozantinib: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks With ipilimumab: 3 mg/kg IV, followed by ipilimumab 1 mg/kg IV on the same day every 3 weeks for 4 doses, then nivolumab 240 mg IV every 2 weeks or 480 mg IV every 4 weeks	See regimen
	UC	Monotherapy: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks With cisplatin and gemcitabine: 360 mg IV every 3 weeks, followed by cisplatin and gemcitabine on the same day every 3 weeks for up to 6 cycles, then nivolumab 240 mg IV every 2 weeks or 480 mg IV every 4 weeks until disease progression, unacceptable toxicity, or up to 2 years from first dose	See regimen
	MSI-H/dMMR CRC	Monotherapy: • Adult and pediatric patients weighing ≥ 40 kg: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • Pediatric patients weighing < 40 kg: 3 mg/kg IV every 2 weeks	See regimen

Drug Name	Indication	Dosing Regimen	Maximum Dose
		With ipilimumab: • Adult and pediatric patients weighing ≥ 40 kg: 3 mg/kg IV, followed by ipilimumab 1 mg/kg IV on the same day every 3 weeks for 4 doses, then nivolumab 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • Pediatric patients weighing < 40 kg: 3 mg/kg IV, followed by ipilimumab 1 mg/kg IV on the same day, every 3 weeks for 4 doses, then nivolumab 3 mg/kg IV every 2 weeks	
	HCC	With ipilimumab: 1 mg/kg IV, followed by ipilimumab 3 mg/kg IV on the same day, every 3 weeks for a maximum of 4 doses, then nivolumab 240 mg IV every 2 weeks or 480 mg IV every 4 weeks	See regimen
	NSCLC	Monotherapy: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks With ipilimumab: 360 mg IV every 3 weeks and ipilimumab 1 mg/kg IV every 6 weeks until disease progression, unacceptable toxicity, or for up to 2 years in patients without disease progression With ipilimumab and platinum-doublet chemotherapy: 360 mg IV every 3 weeks and ipilimumab 1 mg/kg IV every 6 weeks and histology-based platinum-doublet chemotherapy every 3 weeks for 2 cycles until disease progression, unacceptable toxicity, or up to 2 years in patients without disease progression With platinum-doublet chemotherapy: • Neoadjuvant: 360 mg IV every 3 weeks with platinum-doublet chemotherapy on the same day every 3 weeks for up to 4 cycles or until disease progression or unacceptable toxicity	See regimen

Drug Name	Indication	Dosing Regimen	Maximum Dose
		• Adjuvant: 480 mg IV every 4 weeks as a single agent after surgery for up to 13 cycles (approximately 1 year) or until disease recurrence or unacceptable toxicity	
	Esophageal cancer	Adjuvant treatment of resected esophageal or GEJ cancer: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks for a total treatment duration of 1 year ESCC: until disease progression, unacceptable toxicity, or up to 2 years: • As a single agent or in combination with fluoropyrimidine- and platinum-containing chemotherapy: 240 mg IV every 2 weeks or 480 mg IV every 4 weeks • In combination with ipilimumab: 3 mg/kg IV every 2 weeks or 360 mg IV every 3 weeks with ipilimumab 1 mg/kg IV every 6 weeks	See regimen
	Gastric cancer, EGJ cancer, and esophageal adenocarcinoma	With fluoropyrimidine- and platinum-containing chemotherapy: 240 mg IV every 2 weeks or 360 mg IV every 3 weeks	360 mg/dose
	Malignant pleural mesothelioma	With ipilimumab: nivolumab 360 mg IV every 3 weeks and ipilimumab 1 mg/kg IV every 6 weeks	360 mg/dose
Opdivo Qvantig	RCC	Monotherapy or with cabozantinib: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease progression, unacceptable toxicity, or if administered with Cabometyx, up to 2 years	See regimen
	Melanoma	Monotherapy: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease progression or unacceptable toxicity OR for adjuvant treatment, until disease recurrence or unacceptable toxicity for up to 1 year	1,200 mg/ 20,000 units per dose
	SCCHN, CRC, HCC	Monotherapy: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units	1,200 mg/ 20,000 units per dose

Drug Name	Indication	Dosing Regimen	Maximum Dose
		SC every 4 weeks until disease progression or unacceptable toxicity	
	NSCLC	Monotherapy: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease progression or unacceptable toxicity With platinum-doublet chemotherapy • Neoadjuvant: 900 mg/15,000 units SC with platinum-doublet chemotherapy on the same day every 3 weeks until disease progression or unacceptable toxicity, for up to 4 cycles • Adjuvant: 1,200 mg/20,000 units SC as a single agent every 4 weeks after surgery until disease progression, recurrence, or unacceptable toxicity, for up to 13 cycles (up to 1 year)	See regimen
	UC	Monotherapy: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease progression, disease recurrence, unacceptable toxicity, or if prescribed as adjuvant treatment, up to 1 year With cisplatin and gemcitabine: 900 mg/15,000 units SC every 3 weeks with cisplatin and gemcitabine on the same day for up to 6 cycles, then 600 mg/10,000 units SC as a single agent every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease progression, unacceptable toxicity, or up to 2 years from first dose	See regimen
	Esophageal cancer	Adjuvant treatment of resected esophageal or GEJ cancer: Monotherapy: 600 mg/10,000 units SC every 2 weeks or 1,200 mg/20,000 units SC every 4 weeks until disease recurrence or unacceptable toxicity for up to 1 year ESCC: Monotherapy or with fluoropyrimidine- and platinum- containing chemotherapy: 600 mg/10,000 units SC every 2 weeks or	See regimen

Drug Name	Indication	Dosing Regimen	Maximum Dose
		1,200 mg/20,000 units SC every 4 weeks until disease progression, disease recurrence, unacceptable toxicity, or if prescribed as combination therapy, up to 2 years	
	Gastric cancer, EGJ cancer, and esophageal adenocarcinoma	With fluoropyrimidine- and platinum-containing chemotherapy: 600 mg/10,000 units every 2 weeks or 900 mg/15,000 units every 3 weeks until disease progression, unacceptable toxicity, or up to 2 years	See regimen

VI. Product Availability

Drug Name	Availability
Nivolumab (Opdivo)	Single-dose vials: 40 mg/4 mL, 100 mg/10 mL, 120 mg/12 mL, 240 mg/24 mL
Nivolumab/hyaluronidase-nvhy (Opdivo Qvantig)	Single-dose vial: 600 mg nivolumab/10,000 units hyaluronidase/5 mL

VII. References

1. Opdivo Prescribing Information. Princeton, NJ: Bristol-Myers Squibb; October 2024. Available at: https://www.opdivo.com. Accessed November 1, 2024.
2. Opdivo Qvantig Prescribing Information. Princeton, NJ: Bristol-Myers Squibb; December 2024. Available at: https://packageinserts.bms.com/pi/pi_opdivo-qvantig.pdf. Accessed January 15, 2025.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at http://www.nccn.org. Accessed January 15, 2025.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9299	Injection, nivolumab, 1 mg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
RT4: FDA approved malignant pleural mesothelioma added. 1Q 2021 annual review: per FDA/NCCN as follows: for melanoma, unresectable, metastatic, or lymph node positive disease added; for NSCLC, single-agent therapy for TMB positive tumor added,	02.03.21	02.21

Reviews, Revisions, and Approvals	Date	P&T Approval Date
combination therapy for RET rearrangement added, combination therapy changed from Yervoy and platinum doublet therapy to Yervoy plus/minus a platinum based regimen; for cHL, relapsed, refractory or progressive disease added, post HSCT replaced with prescribed as subsequent therapy; for HCC, Lenvima added as a prior therapy option, added documentation of Child-Pugh class status; off-label pediatric Hodgkin lymphoma and vulvar cancer added; SCLC criteria per label update; RT4: added new FDA approved indication of use in combination with cabozantinib as first-line therapy for advanced RCC; references to HIM.PHAR.21 revised to HIM.PA.154; removed references reviewed and updated.		
RT4: added new FDA-approved indications of gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma.	05.11.21	
RT4: added new FDA-approved indication of completely resected esophageal or gastroesophageal junction cancer.	06.30.21	
RT4: per updated prescribing information removed use in HCC as a single agent; for UC added indication for adjuvant treatment.	09.02.21	
1Q 2022 annual review: updates made per NCCN: for urothelial carcinoma removed requirement for resection to be radical as NCCN also supports partial resection prior to adjuvant therapy and added treatment option of high-risk recurrence as an optional criterion; added cervical cancer as off-label indication; updated gestational trophoblastic neoplasia treatment settings; added criterion for use as single-agent therapy for SCCHN; clarified uveal melanoma to be metastatic; removed "metastatic" designation for Merkel cell carcinoma; clarified small bowel adenocarcinoma be advanced or metastatic; small cell lung cancer indication added; clarified extranodal NK/T-cell lymphoma to be relapsed or refractory; added legacy WellCare auth durations (WCG.CP.PHAR.121 to be retired); references reviewed and updated.	11.23.21	02.22
RT4: added new FDA-approved indication of neoadjuvant use in NSCLC.	04.05.22	
RT4: criteria added for new FDA approved indication for first-line use in ESCC in combination with Yervoy or with fluoropyrimidine- and platinum-containing chemotherapy; for HCC, added additional options for prior use of Tecentriq+bevacizumab or Imfinzi and removed requirement for no previous treatment with a checkpoint inhibitor per latest NCCN guidelines.	06.01.22	
Template changes applied to other diagnoses/indications.	09.30.22	
1Q 2023 annual review: added off-label criteria for bone cancer, central nervous system cancers, pediatric primary mediastinal large B-cell lymphoma, pediatric diffuse high-grade gliomas per NCCN 2A recommendations; removed age restriction from off-label criteria;	01.23.23	02.23

Reviews, Revisions, and Approvals	Date	P&T Approval Date
updated Appendix D to simplify definition of high-risk disease in GTN to mirror the 2023 NCCN GTN guidelines; consolidated legacy WellCare initial auth durations from 12 months to 6 months per standard Medicaid approach; references reviewed and updated.		
RT4: updated criteria for melanoma to reflect FDA approved pediatric age extension; updated Appendix B.	03.16.23	
RT4: updated indication and criteria for the treatment of melanoma in the adjuvant setting.	10.31.23	
1Q 2024 annual review: HCC, added option for Child-Pugh Class B and prescribed as a single agent per NCCN 2A recommendation; references reviewed and updated.	11.10.23	02.24
Ad hoc: HCC, removed repeated criteria for documentation of Child-Pugh Class A and prescribed in combination with Yervoy.	02.20.24	
RT4: for UC, updated indication and criteria for the first-line treatment of UC in combination with cisplatin and gemcitabine; converted advanced/metastatic UC from accelerated approval to full FDA-approval. Ad hoc: for NSCLC, revised dose limit for use in combination with Yervoy from 3 mg/kg every 2 weeks to 360 mg every 3 weeks per PI, removed criteria for use in tumors positive for tumor mutation burden biomarkers per NCCN No Longer Recommended Uses; for CRC, clarified weight-based dose limit for pediatric members per PI; added off-label criteria per NCCN compendium: for malignant pleural mesothelioma as subsequent therapy, cHL as palliative therapy, SCCHN in combination with Erbitux or with cisplatin and gemcitabine, CRC characterized with POLE/POLED1 mutation, esophageal cancer or EGJ cancer characterized with MSI-H or dMMR mutations, gastric cancer characterized with MSI-H or dMMR mutations, adult relapsed or refractory primary mediastinal large B-cell lymphoma, MSI-H or dMMR mutational cancers (e.g., ampullary adenocarcinoma, small bowel adenocarcinoma, endometrial carcinoma), biliary tract cancers, classic Kaposi sarcoma in combination with Yervoy, soft tissue sarcomas, anaplastic thyroid carcinoma as a single agent, anal carcinoma prior to resection, and merkel cell carcinoma; removed off-label criteria per NCCN compendium: failure of induction therapy/initial treatment for primary mediastinal large B-cell lymphoma, and bone cancer as a single agent.	03.21.24	
RT4: added new FDA-approved indication for neoadjuvant treatment followed by single-agent Opdivo as adjuvant treatment after surgery for NSCLC; increased maximum duration allowed for neoadjuvant therapy from 3 cycles/9 weeks to 4 cycles/12 weeks. Ad hoc: for continued therapy: added criterion for maximum duration of therapy limit of 13 cycles for adjuvant NSCLC, up to 1 year for all	10.10.24	

Reviews, Revisions, and Approvals	Date	P&T Approval Date
other adjuvant treatment, and up to 2 years for metastatic or recurrent NSCLC, malignant pleural mesothelioma, advanced RCC in combination with cabozatinib, unresectable or metastatic UC, ESCC, gastric cancer, EGJ, and esophageal adenocarcinoma; revised dose limit for NSCLC in combination with Yervoy to 360 mg every 3 weeks; added additional dose limit option of 240 mg every 2 weeks for gastric cancer, EGJ cancer, and esophageal adenocarcinoma.		
1Q 2025 annual review: for melanoma, added resected stage IV melanoma per PI; for cHL, added option for disease stage III-IV prescribed as primary treatment in combination with AVD (doxorubicin, vinblastine, darcarbazine) per NCC; for SCCHN, for combination with Erbitux added option for subsequent-line therapy option and added option to be prescribed in combination with Yervoy as first-line therapy per NCCN; for HCC, removed child-pugh classifications, removed specific treatment regimens member has had disease progression following from and revised to prescribed as subsequent line systemic therapy, added member has not been previously treated with immune checkpoint inhibitor therapy, unless following atezolizumab and bevacizumab if prescribed in combination with Yervoy per NCCN; for esophageal cancer, EGJ cancer or esophageal adenocarcinoma, added option for planned esophagectomy and to be prescribed as a single agent for MSI-H or dMMR cancers per NCCN; added off-label criteria per NCCN: for pediatric cHL – option to be used as re-induction therapy, vaginal cancer for second-line or subsequent therapy as a single agent, chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) with histologic (Richter) transformation to diffuse B-cell lymphoma – prescribed as a single agent for SCLC, peritoneal, pericardial and tunica vaginalis testis mesothelioma – as single agent or in combination with Yervoy, single agent usage for Kaposi sarcoma; clarified small bowel adenocarcinoma be advanced or metastatic per NCCN; for off-label recurrent or progressive intermediate trophoblastic tumor, removed requirement for following treatment with platinum-based regimen per NCCN; references reviewed and updated. RT4: added new SC formulation Opdivo Qvantiq to policy; clarified maximum duration of therapy limit does not exceed 2 years in continued therapy for NSCLC applies when in combination with Yervoy and for ESCC in combination with chemotherapy; for melanoma and colorectal cancer, added criterion prescribed as a single agent and for Opdivo in combination with Yervoy; for RCC – for Opdvio, added prescribed as a single agent or in combination with Cabometyx or Yervoy; for RCC – Opdivo Qvantig, added prescribed	01.15.25	02.25

Reviews, Revisions, and Approvals	Date	P&T Approval Date
as first-line treatment as a single agent following combination treatment with Opdivo and Yervoy, subsequent therapy as a single agent, or in combination with Cabometyx;		

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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