Nivolumab (Opdivo®)	Place of Service Office Administration Outpatient Facility Infusion Administration Infusion Center Administration HCPCS: J9299 per 1 mg

Conditions listed in policy (*see criteria for details*)

- Ampullary adenocarcinoma
- Anal cancer
- Appendiceal cancer
- Cervical cancer
- Colorectal cancer
- Endometrial cancer
- Esophageal cancer
- Esophagogastric junction cancer
- Extranodal NK/T-cell lymphoma
- Gastric cancer
- Gestational trophoblastic neoplasia
- Head and neck squamous cell carcinoma
- Hepatocellular carcinoma
- Hodgkin lymphoma, classic
- Melanoma: cutaneous
- Melanoma: uveal
- Merkel cell carcinoma
- Maesothelioma: peritoneal
- Mesothelioma: pleural
- Non-small cell lung cancer
- Renal cell carcinoma
- Small bowel adenocarcinoma
- Small cell lung cancer
- Soft tissue sarcoma
- Urothelial carcinoma

AHFS therapeutic class: Antineoplastic Agents

Mechanism of action: Human programmed death receptor-1 (PD-1) blocking antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Opdivo® (nivolumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Ampullary adenocarcinoma

1. Attestation of microsatellite instability-high (MSI-H) and/or defective mismatch repair deficient (dMMR), **AND**
2. Used in combination with Yervoy for 4 doses, followed by Opdivo as a single agent, **AND**
3. Either of the following:

a. First line therapy for intestinal type disease, or
b. Subsequent therapy

Covered Doses
Combination therapy:
Opdivo 1 mg/kg IV every 3 weeks with Yervoy 3 mg/kg IV every 3 weeks for 4 doses, followed by Opdivo 240 mg IV every 2 weeks thereafter

Coverage Period
Indefinitely

ICD-10:
C24.1

Anal cancer

1. Disease is metastatic, **AND**
2. Used for subsequent treatment of metastatic cancer, **AND**
3. Being used as a single agent, **AND**
4. Patient has not received treatment with Opdivo or Keytruda

Covered Doses
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C21.0, C21.1, C21.2, C21.8

Appendiceal or Colorectal cancer

1. Attestation of microsatellite instability-high (MSI-H) and/or defective mismatch repair deficient (dMMR), **AND**
2. Used as a single agent or in combination with Yervoy, **AND**
3. Either of the following:
    a. Used for neoadjuvant treatment of resectable advanced (e.g., T4b) or resectable metastatic disease, OR
    b. Used for unresectable advanced or metastatic disease

Covered Doses
Single agent:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Combination use:
Opdivo 3 mg/kg IV every 3 weeks with Yervoy 1 mg/kg IV IV every 3 weeks for 4 doses, followed by Opdivo as a single agent of 3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks thereafter

Coverage Period
Neoadjuvant treatment: 6 months
Unresectable disease: Indefinitely

ICD-10:

C17.0-C17.2, C17.8, C17.9, C18.0-C18.9, C19, C20, C21.8

Cervical cancer

1. Persistent, recurrent, or metastatic disease, **AND**
2. Being used as second-line or subsequent therapy, **AND**
3. Attestation that disease is PD-L1 positive (combined positive score [CPS] ≥1), **AND**
4. Being used as a single agent

Covered Doses
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C53.0, C53.1, C53.8, C53.9

Endometrial cancer

1. Recurrent or metastatic disease, **AND**
2. Being used as a single agent, **AND**
3. Disease has progressed on one or more prior lines of systemic therapy, **AND**
4. Attestation of microsatellite instability-high (MSI-H) and/or defective mismatch repair deficient (dMMR)

Covered Doses
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C54.0-C54.3, C54.8, C54.9, C55

Esophageal cancer, Esophagogastric junction cancer, and Gastric cancer

1. Meets one of the following:
    a. Adjuvant treatment of esophageal cancer or esophagogastric junction cancer and all of the following:
        i. Patient has received neoadjuvant chemoradiation, and
        ii. Patient has been diagnosed with post-surgery residual disease, and
        iii. Being used as a single agent

    OR

    b. Treatment of esophageal cancer, esophagogastric junction cancer, or gastric cancer, and all of the following:
        i. One of the following:
            1. Disease is unresectable locally advanced, recurrent, or metastatic, or
            2. Patient is not a surgical candidate,

        AND

        ii. One of the following:

1. Being used in combination with a fluoropyrimidine- (fluorouracil or capecitabine) and a platinum-containing (oxaliplatin) chemotherapy for esophageal adenocarcinoma, esophagogastric junction cancer, or gastric cancer, or
2. Being used in combination with a fluoropyrimidine- (fluorouracil or capecitabine) and a platinum-containing (oxaliplatin) chemotherapy as first-line therapy for esophageal or EGJ squamous cell carcinoma, or
3. Being used in combination with Yervoy (ipilimumab) as first-line therapy for esophageal or EGJ squamous cell carcinoma, or
4. Being used as a single agent for esophageal or EGJ squamous cell carcinoma and disease has progressed on 1 or more prior lines of systemic therapy

Covered Doses
240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Coverage Period
Adjuvant/Neoaduvant treatment: 1 year
All others: Indefinitely

ICD-10:
C15.3-C15.5, C15.8, C15.9, **C16.0-C16.6, C16.8, C16.9, D37.1,** D37.8, D37.9, Z85.00, Z85.01

Extranodal NK/T-cell lymphoma

1. Patient has failed treatment with an asparaginase-based regimen

Covered Doses
240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C84.90-C84.99, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C86.0

Gestational trophoblastic neoplasia

1. Being used as a single agent, **AND**
2. Patient has failed a multiagent chemotherapy regimen (chemotherapy-resistant)

Covered Doses
240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
D39.2, C58, O01.9

Head and neck squamous cell carcinoma

1. Disease is recurrent, persistent, unresectable, or metastatic, **AND**
2. Either of the following:

a. First-line therapy and meets one of the following:
    i. Used in combination with cisplatin and gemcitabine, or
    ii. Used in combination with Erbitux (cetuximab)

    OR

b. Subsequent therapy and one of the following:
    i. Single agent use and all of the following:
        1. Patient has progression on or after platinum-based chemotherapy, and
        2. Patient has not received prior treatment with PD-1/ PD-L1 immune checkpoint inhibitor therapy

        OR

    ii. Used in combination with one of the following regimens, and regimen was not previously used
        1. Cisplatin and gemcitabine, or
        2. Erbitux (cetuximab)

Covered Doses
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C00.0-C00.6, C00.8, C01, C02.0-C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C06.0, C06.2, C06.80, C06.89, C06.9, C09.0, C09.1, C09.8, C09.9, C10.3, C11.0-C11.3, C11.8, C11.9, C12, C13.0-C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C31.0, C31.1, C32.0-C32.3, C32.8, C32.9, C44.00, C44.02, C44.09, C76.0, C77.0, C78.89, D37.01, D37.02, D37.05, D37.09, D38.0, D38.5, D38.6, Z85.21, Z85.22, Z85.810, Z85.818, Z85.819

Hepatocellular carcinoma

1. Either of the following:
    a. Single agent therapy for inoperable, unresectable, or metastatic disease, OR
    b. Subsequent therapy (if not used first-line) following disease progression in combination with Yervoy

Covered Doses
Single agent: 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks
Combination: 1 mg/kg IV every 3 weeks for 4 doses with Yervoy (3 mg/kg), followed by 240 mg IV every 2 weeks thereafter

Coverage Period
Indefinitely

ICD-10:
C22.0, C22.9

Hodgkin lymphoma, classical

1. Disease is relapsed, refractory, post-allogenic transplant, or progressive, **AND**
2. One of the following:
    a. Being used as a single agent or
    b. Being used in combination with brentuximab vedotin, or

c. Being used in combination with ICE (ifosfamide, carboplatin, etoposide)

Covered Doses
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, Z85.71

Malignant peritoneal mesothelioma

1. Either of the following:
    a. First line therapy for unresectable disease in combination with Yervoy, OR
    b. Subsequent use (if not used first-line) as a single agent or in combination with Yervoy

Covered Doses
Single agent:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Combination therapy:
3 mg/kg IV every 2 weeks or 360 mg every 3 weeks, with Yervoy 1 mg/kg IV every 6 weeks

Coverage Period
Indefinitely

ICD-10:
C45.1

Malignant pleural mesothelioma

1. Either of the following:
    a. Being used combination with Yervoy, OR
    b. Being used as a single agent for subsequent use

Covered Doses
Single agent:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Combination therapy:
Opdivo 3 mg/kg IV every 2 weeks or 360 mg IV on every 3 weeks, with Yervoy (1 mg/kg) every 6 weeks

Coverage Period
Indefinitely

ICD-10:
C38.4, C45.0

Melanoma: cutaneous

1. Used for either of the following:
    a. Adjuvant treatment as a single agent, OR

b. Unresectable or metastatic disease as a single agent or in combination with Yervoy (for 4 doses)

Covered Doses and Coverage Period
Adjuvant treatment (single agent):
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks for 1 year

Unresectable or metastatic disease (single agent):
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks indefinitely

Can be covered for re-induction for patients who relapse after an initial clinical response, or who have progressed after stable disease > 3 months

Unresectable or metastatic disease (combination with Yervoy):
1 mg/kg IV every 3 weeks for 4 doses with Yervoy (3 mg/kg), or 3 mg/kg IV every 3 weeks for 4 doses with Yervoy (1 mg/kg), followed by Opdivo as a single agent of 3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks indefinitely

Can be covered for re-induction for patients who relapse after an initial clinical response, or who have progressed after stable disease > 3 months

ICD-10:
C43.0, C43.10-C43.12, C43.20-C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59-C43.62, C43.70-C43.72, C43.8, C43.9

Melanoma: uveal

1. Being used for metastatic disease as a single agent, or in combination therapy with Yervoy for the first 4 doses followed by Opdivo as a single agent

Covered Doses
Single agent:
Opdivo 3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Combination therapy:
Opdivo 1 mg/kg IV every 3 weeks with Yervoy 3 mg/kg for 4 doses, followed by Opdivo as a single agent of 240 mg IV every 2 weeks or 480 mg IV every 4 weeks thereafter

Coverage Period
Indefinitely

ICD-10:
C69.30-C69.32, C69.40 -C69.42, C69.60-C69.62

Merkel cell carcinoma

1. Either of the following:
   a. Being used for neoadjuvant treatment, or
   b. Being used for disseminated/metastatic or recurrent disease,

   AND
2. Being used as a single agent

Covered Doses and Coverage Period

Neoadjuvant: 240 mg IV on days 1 and 15 for 2 doses

Disseminated/metastatic or recurrent disease:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks Indefinitely

ICD-10:
C4A.0, C4A.10-C4A.12, C4A.20-C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59-C4A.62, C4A.70-C4A.72, C4A.8, C4A.9, C7B.1, Z85.821

Mesothelioma: peritoneal

1. Either of the following:
    a. First line therapy for unresectable disease in combination with Yervoy, OR
    b. Subsequent use (if not used first-line) as a single agent or in combination with Yervoy

Covered Doses
Single agent:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Combination therapy:
3 mg/kg IV every 2 weeks or 360 mg every 3 weeks, with Yervoy 1 mg/kg IV every 6 weeks

Coverage Period
Indefinitely

ICD-10:
C45.1

Mesothelioma: pleural

1. Either of the following:
    a. Being used combination with Yervoy, OR
    b. Being used as a single agent for subsequent use

Covered Doses
Single agent:
3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, 360 mg IV every 3 weeks, or 480 mg IV every 4 weeks

Combination therapy:
Opdivo 3 mg/kg IV every 2 weeks or 360 mg IV on every 3 weeks, with Yervoy (1 mg/kg) every 6 weeks

Coverage Period
Indefinitely

ICD-10:
C38.4, C45.0

Non-small cell lung cancer

1. Either of the following:

a. Neoadjuvant treatment in combination with a platinum-doublet chemotherapy,

OR

b. Recurrent, advanced or metastatic disease, and used as a single agent or in combination with Yervoy with or without a platinum doublet regimen

Covered Doses

Neoadjuvant treatment

Combination therapy:

Opdivo 360 mg every 3 weeks for 3 doses and one of the following:

- Carboplatin AUC 6 IV on Day 1 and Paclitaxel 200 mg/m^2 IV on Day 1 (any histology)
- Cisplatin 75 mg/m^2 on Day 1, Pemetrexed 500 mg/m^2 on day 1 (non-squamous)
- Cisplatin 75 mg/m^2 on Day 1, Gemcitabine 1250 mg/m^2 on Days 1 and 8 (squamous histology)

Recurrent, advanced or metastatic disease

Single agent:

Opdivo 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Combination therapy:

With Yervoy:

Opdivo 3 mg/kg IV every 2 weeks, with Yervoy 1 mg/kg every 6 weeks

OR

Opdivo 1 mg/kg IV every 3 weeks with Yervoy 3 mg/kg IV every 3 weeks for 4 doses, followed by Opdivo as a single agent of 240 mg IV every 2 weeks or 480 mg IV every 4 weeks

With Yervoy, Alimta/Paclitaxel, and Carboplatin/Cisplatin:

Cycle One (42-day cycle):

- Opdivo 360 mg IV on Days 1 and 22
- Yervoy 1 mg/kg IV on Day 1
- Pemetrexed 500 mg/m^2 IV on Days 1 and 22, or Paclitaxel 200 mg/m^2 IV on Days 1 and 22
- Carboplatin AUC 6 IV on Days 1 and 22, or Cisplatin 75 mg/m^2 IV on Days 1 and 22

Followed by:

Cycle two and after (42-day cycles): Opdivo 360 mg IV on Days 1 and 22, with Yervoy 1 mg/kg IV on Day 1

Coverage Period

Adjuvant: 3 months (3 doses total)

Recurrent, advanced or metastatic: Indefinitely

ICD-10:

C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

Renal cell carcinoma

1. Advanced disease, **AND**
2. One of the following:
    a. Used as a single agent and either of the following:
        i. Non-clear cell histology, OR
        ii. Clear cell histology and used as subsequent treatment,

OR

b. Given in combination with Yervoy for the first 4 doses, followed by Opdivo as a single agent, OR

c. Given in combination with Cabometyx

Covered Doses and Coverage Period

Single agent therapy:

3 mg/kg IV every 2 weeks, or 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks indefinitely

Combination therapy:

With Yervoy:

3 mg/kg IV every 3 weeks with Yervoy 1 mg/kg IV every 3 weeks for 4 doses, followed by 240 mg IV every 2 weeks / 480 mg IV every 4 weeks thereafter

With Cabometyx:

240 mg IV every 2 weeks / 480 mg IV every 4 weeks, with Cabometyx (40 mg PO daily)

ICD-10:

C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, Z85.528

Small bowel adenocarcinoma

1. Advanced or metastatic disease, **AND**
2. Attestation of microsatellite instability-high (MSI-H) and/or mismatch repair deficient (dMMR), **AND**
3. No prior treatment with a PD-1 PD-L1 immune checkpoint inhibitor therapy, **AND**
4. Used as a single agent or in combination with Yervoy, **AND**
5. Either of the following:
    a. First-line therapy, OR
    b. Subsequent therapy and no prior oxaliplatin exposure in the adjuvant setting or contraindication to oxaliplatin

Covered Doses

Single agent therapy:

3 mg/kg IV every 2 weeks, 240 mg IV every 2 weeks, or 480 mg IV every 4 weeks

Combination therapy:

Opdivo 3 mg/kg IV every 3 weeks with Yervoy 1 mg/kg IV every 3 weeks, for 4 doses, followed by Opdivo by itself of 3 mg/kg IV every 2 weeks or 240 mg every 2 weeks thereafter

Coverage Period

Indefinitely

ICD-10:

C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, Z85.068

Small cell lung cancer

1. Used as a single agent, **AND**
2. Either of the following:
    a. Primary progressive disease, or
    b. Relapsed disease, and no prior progression on maintenance Tecentriq or Imfinzi

Covered Doses
3 mg/kg IV every 2 weeks, OR 240 mg IV every 2 weeks, OR 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C7A.1, C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, C78.00-C78.02, C79.31, C79.51, C79.52

Soft tissue sarcoma

1. Either of the following:
    a. Used for non-cutaneous angiosarcoma in combination with Yervoy, **OR**
    b. Used for advanced/metastatic or unresectable disease, **AND**
        i. Used as a single agent or in combination with Yervoy, **and**
        ii. Used as subsequent therapy, **and**
        iii. Meets one of the following:
            1. Myxofibrosarcoma, undifferentiated pleomorphic sarcoma, pleomorphic rhabdomyosarcoma, dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas

               or
            2. Tumor mutational burden-high (TMB-H) [10 mutations/ megabase (mut/Mb)] STS

Covered Doses
Single agent: 3 mg/kg IV every 2 weeks, OR 240 mg IV every 2 weeks, OR 480 mg IV every 4 weeks
Combination use with Yervoy: 240 mg IV every 2 weeks with Yervoy 1 mg/kg IV every 6 weeks

Coverage Period
Indefinite

ICD-10:
C22.3, C47.0, C47.10-C47.12, C47.20-C47.22, C47.3, C47.4- C47.6, C47.8, C47.9, C48.0-C48.2, C48.8, C49.0, C49.10-C49.12, C49.20-C49.22, C49.3-C49.6, C49.8, C49.9, Z85.831

Urothelial carcinoma

1. Used as a single agent, **AND**
2. One of the following:
    a. Used for adjuvant treatment for patients at high risk of recurrence, OR
    b. Used for second line therapy for locally advanced, recurrent, or metastatic disease

Covered Doses
3 mg/kg IV every 2 weeks, OR 240 mg IV every 2 weeks, OR 480 mg IV every 4 weeks

Coverage Period
Indefinitely

ICD-10:
C61, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0-C67.9, C68.0, Z85.59, D09.0, Z85.51

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Opdivo® (nivolumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
Injection: 40 mg, 100 mg, 240 mg (single-use vials)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Opdivo® (2023). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. Ampullary Adenocarcinoma (Version 2.2022). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Anal Cancer (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Bladder Cancer (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Central Nervous System Cancers (Version 2.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Cervical Cancer (Version 1.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Colon Cancer (Version 3.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Esophageal and Esophagogastric Junction Cancers (Version 2.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Gastric Cancer (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Gestational Trophoblastic Neoplasia (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Head and Neck Cancers (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Hepatobiliary Cancer (Version 1.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Hodgkin Lymphoma (Version 2.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Kidney Cancer (Version 4.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Mesothelioma: Peritoneal (Version 1.2023). Available at: www.nccn.org/

- National Comprehensive Cancer Network. Mesothelioma: Pleural (Version 1.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Melanoma: Cutaneous (Version 2.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Melanoma: Uveal (Version 2.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Merkel Cell Carcinoma (Version 2.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Non-Small Cell Lung Cancer (Version 2.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Pediatric Hodgkin Lymphoma (Version 2.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Rectal Cancer (Version 4.2022). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Small Bowel Adenocarcinoma. (Version 1.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Small Cell Lung Cancer (Version 3.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Soft Tissue Sarcoma. (Version 2.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. T-Cell Lymphomas (Version 1.2023). Available at: www.nccn.org/
- National Comprehensive Cancer Network. Uterine Neoplasms (Version 1.2023). Available at: www.nccn.org/
- Opdivo® (nivolumab) [Prescribing Information]. Princeton, NJ: Bristol Myers Squibb; 2/2023.

(7) Policy Update

Date of last revision: 3Q2023
Date of next review: 2Q2024
Changes from previous policy version:

- New indication in Section (2): Added coverage for soft tissue sarcoma
  Rationale: NCCN category 2A support

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee