

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](#)
- [Mesothelioma: 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.

(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 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 EGH 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/Neoadjuvant 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

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 PeriodNeoadjuvant: 240 mg IV on days 1 and 15 for 2 dosesDisseminated/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 DosesSingle 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 DosesSingle 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/m² IV on Day 1 (any histology)
- Cisplatin 75 mg/m² on Day 1, Pemetrexed 500 mg/m² on day 1 (non-squamous)
- Cisplatin 75 mg/m² on Day 1, Gemcitabine 1250 mg/m² 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/m² IV on Days 1 and 22, or Paclitaxel 200 mg/m² IV on Days 1 and 22
- Carboplatin AUC 6 IV on Days 1 and 22, or Cisplatin 75 mg/m² 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

Neoadjuvant: 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). 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