

POLICY: Oncology (Injectable – Programmed Death Receptor-1) – Opdivo Utilization
Management Medical Policy

- Opdivo® (nivolumab intravenous infusion – Bristol-Myers Squibb)

EFFECTIVE DATE: 1/1/2021

LAST REVISION DATE: 02/12/2025; selected revision 03/26/2025; 4/30/2025

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

Opdivo, a human programmed death receptor-1 (PD-1) blocking antibody, is indicated for the following uses:¹

- 1) **Classical Hodgkin lymphoma**, for adults who have relapsed or progressed after autologous hematopoietic stem cell transplantation (auto-HSCT) and Adcetris® (brentuximab vedotin intravenous infusion) OR after three or more lines of systemic therapy that includes auto-HSCT. This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.
- 2) **Colorectal cancer:**
 - For patients ≥ 12 years of age with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease in combination with Yervoy® (ipilimumab intravenous infusion).
 - For patients ≥ 12 years of age with metastatic MSI-H or dMMR disease that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan.
- 3) **Esophageal carcinoma**, in the following situations:
 - For adults with unresectable advanced, recurrent, or metastatic squamous cell disease after prior fluoropyrimidine- and platinum-based chemotherapy.
 - Adjuvant treatment of completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease in adults who have received neoadjuvant chemoradiotherapy.
 - First-line treatment of adults with unresectable advanced or metastatic esophageal squamous cell carcinoma in combination with fluoropyrimidine- and platinum-containing chemotherapy.
 - First-line treatment of adults with unresectable advanced or metastatic esophageal squamous cell carcinoma in combination with Yervoy.
- 4) **Gastric cancer, esophagogastric junction cancer, and esophageal adenocarcinoma**, for adults with advanced or metastatic disease, in combination with fluoropyrimidine- and platinum-containing chemotherapy.

- 5) **Head and neck squamous cell carcinoma**, in adults with recurrent or metastatic disease with disease progression on or after platinum-based therapy.
- 6) **Hepatocellular carcinoma:**
 - First-line treatment of adults with unresectable or metastatic disease in combination with Yervoy.
 - In adults who have been previously treated with Nexavar® (sorafenib tablets), in combination with Yervoy.
- 7) **Malignant pleural mesothelioma**, for first-line treatment, in combination with Yervoy in adults with unresectable disease.
- 8) **Melanoma**, in patients ≥ 12 years of age with:
 - Unresectable or metastatic disease as a single agent.
 - Unresectable or metastatic disease in combination with Yervoy.
 - Adjuvant treatment for Stage IIB to Stage IV disease in patients who have undergone complete resection.
- 9) **Non-small cell lung cancer:**
 - i. As first-line treatment in combination with Yervoy, in adults with metastatic disease expressing programmed death-ligand 1 ($\geq 1\%$) as determined by an FDA-approved test, without epidermal growth factor receptor (*EGFR*) or anaplastic lymphoma kinase (*ALK*) genomic tumor aberrations.
 - ii. As first-line treatment in combination with Yervoy and two cycles of platinum-doublet chemotherapy, in adults with recurrent or metastatic disease without *EGFR* or *ALK* genomic tumor aberrations.
 - iii. In adults with metastatic disease 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.
 - iv. In combination with platinum-doublet chemotherapy, as neoadjuvant treatment of adults with resectable (tumors ≥ 4 cm or node positive) disease.
 - v. In combination with platinum-doublet chemotherapy, as neoadjuvant treatment of adults with resectable disease (tumors ≥ 4 cm or node positive) and no known *EGFR* mutations or *ALK* rearrangements, followed by single agent Opdivo as adjuvant treatment after surgery.
- 10) **Renal cell carcinoma:**
 - i. In adults with advanced disease who have received prior anti-angiogenic therapy.
 - ii. In combination with Yervoy, for adults with intermediate or poor risk advanced disease, as first-line therapy.
 - iii. In combination with Cabometyx® (cabozantinib tablets), for the first-line treatment of adults with advanced disease.
- 11) **Urothelial carcinoma**, in the following situations:
 - In adults with unresectable or metastatic disease, as first-line treatment in combination with cisplatin and gemcitabine.

- In adults with locally advanced or metastatic disease who have disease progression during or following platinum-containing chemotherapy.
- In adults with locally advanced or metastatic disease who have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- Adjuvant treatment of adults at high risk of recurrence after undergoing radical resection of urothelial carcinoma.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Opdivo. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Opdivo as well as the monitoring required for adverse events and long-term efficacy, approval requires Opdivo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Opdivo is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. Classic Hodgkin Lymphoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

Note: For pediatric patients, see Pediatric Hodgkin Lymphoma criteria.

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i, ii, or iii):

i. Medication is used as primary treatment and meets ONE of the following (a, b, or c):

1. Medication is used in combination with AVD; OR

Note: AVD includes doxorubicin, vinblastine, dacarbazine.

2. Medication is used in combination with Adcetris (brentuximab intravenous infusion); OR

3. Medication is used as a single agent; OR

ii. Patient has had an allogeneic hematopoietic stem cell transplantation (HSCT); OR

- iii. Patient has relapsed or refractory disease and the medication is used as a single agent, or in combination with Adcetris or ICE (ifosfamide, carboplatin, and etoposide); AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR

B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

2. Colon, Rectal, or Appendiceal Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

A) Patient is ≥ 12 years of age; AND

B) Patient meets ONE of the following (i or ii):

A) The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); OR

B) The tumor is polymerase epsilon/delta (POLE/POLD1) mutation positive; AND

C) Patient meets ONE of the following (i, ii, or iii):

A) Patient has tried chemotherapy; OR

Note: Examples of chemotherapy are fluoropyrimidine such as 5-fluorouracil (5-FU), capecitabine, oxaliplatin, irinotecan, or an adjunctive chemotherapy regimen such as FOLFOX (5-FU, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin).

B) Patient has unresectable, advanced, or metastatic disease; OR

C) The medication is used for neoadjuvant therapy; AND

D) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, C, or D):

A) 240 mg administered as an intravenous infusion not more frequently than once every 2 weeks; OR

B) 480 mg administered as an intravenous infusion not more frequently than once every 4 weeks; OR

C) 3 mg/kg administered as an intravenous infusion not more frequently than once every 2 weeks; OR

D) 6 mg/kg administered as an intravenous infusion not more frequently than once every 4 weeks.

3. Esophageal and Esophagogastric Junction Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient meets ONE of the following (i, ii, iii, iv, or v):
 - i.** Patient meets BOTH of the following (a and b):
 - a)** Patient has received preoperative chemotherapy; AND
Note: Examples of chemotherapy include 5-fluorouracil plus either cisplatin or oxaliplatin; and paclitaxel plus carboplatin.
 - b)** According to the prescriber, the patient has residual disease; OR
 - ii.** Patient meets BOTH of the following (a and b):
 - a)** Patient has squamous cell carcinoma; AND
 - b)** Patient meets ONE of the following [(1), (2), or (3)]:
 - (1)** According to the prescriber, the patient is not a surgical candidate; OR
 - (2)** Patient has unresectable locally advanced, recurrent, or metastatic disease;
OR
 - (3)** Medication is used as induction therapy in patients planned for esophagectomy; OR
 - iii.** Patient meets ALL of the following (a, b, c, and d):
 - a)** Patient has adenocarcinoma; AND
 - b)** Patient meets ONE of the following [(1) or (2)]:
 - (1)** According to the prescriber, the patient is not a surgical candidate; OR
 - (2)** Patient has unresectable locally advanced, recurrent, or metastatic disease;
AND
 - c)** The disease is negative for human epidermal growth factor receptor 2 (HER2) overexpression; AND
 - d)** The medication is used in combination with fluoropyrimidine and oxaliplatin;
OR
Note: Examples of fluoropyrimidines include 5-fluorouracil and capecitabine.
 - iv.** Patient meets ALL of the following (a, b, and c):
 - a)** Patient meets ONE of the following [(1) or (2)]:
 - (1)** According to the prescriber, the patient is not a surgical candidate; OR
 - (2)** Patient has unresectable locally advanced, recurrent, or metastatic disease;
AND
 - b)** The tumor is microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR); AND
 - c)** The medication will be used in combination with ONE of the following [(1) or (2)]:
 - (1)** Fluoropyrimidine and oxaliplatin containing chemotherapy; OR
Note: Examples of fluoropyrimidines include 5-fluorouracil and capecitabine.
 - (2)** Yervoy (ipilimumab intravenous infusion); OR
 - v.** Patient meets ALL of the following (a, b, and c):
 - a)** Patient has adenocarcinoma; AND
 - b)** The tumor is MSI-H or dMMR; AND
 - c)** The medication is used as neoadjuvant or perioperative immunotherapy; AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, C, or D):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks; OR
- C)** 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- D)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

4. Gastric Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient meets ONE of the following (i, ii, or iii):
 - i.** Patient meets ALL of the following (a, b, and c):
 - 1. Patient has locoregional disease; AND
 - 2. The tumor is microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR); AND
 - 3. The medication is used as neoadjuvant or perioperative immunotherapy; OR
 - ii.** Patient meets ALL of the following (a, b, and c):
 - 1. Patient meets ONE of the following [(1) or (2)]:
 - (1)** Patient has unresectable locally advanced, recurrent, or metastatic disease; OR
 - (2)** According to the prescriber, the patient is not a surgical candidate; AND
 - 2. The disease is negative for human epidermal growth factor receptor 2 (HER2) overexpression; AND
 - 3. The medication is used in combination with fluoropyrimidine and oxaliplatin; OR

Note: Examples of fluoropyrimidines include fluorouracil and capecitabine.
 - iii.** Patient meets ALL of the following (a, b, and c):
 - 1. Patient meets ONE of the following [(1) or (2)]:
 - (1)** Patient has unresectable locally advanced, recurrent, or metastatic disease; OR
 - (2)** According to the prescriber, the patient is not a surgical candidate; AND
 - 2. The tumor is MSI-H or dMMR; AND
 - 3. Patient meets ONE of the following [(1) or (2)]:
 - a. The medication is used in combination with Yervoy (ipilimumab intravenous infusion); OR
 - b. The medication is used in combination with a fluoropyrimidine and oxaliplatin; AND

Note: Examples of fluoropyrimidines include fluorouracil and capecitabine.

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, C, or D):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks; OR
- C) 1 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks; OR
- D) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

5. Head and Neck Squamous Cell Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i or ii):

a. Patient has non-nasopharyngeal disease; OR

b. Patient meets BOTH of the following conditions (a and b):

i. Patient has nasopharyngeal disease; AND

ii. Patient has recurrent, unresectable, oligometastatic, or metastatic disease; AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

6. Hepatocellular Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B and C):

A) Patient is ≥ 18 years of age; AND

B) Patient has ONE of the following (i or ii):

a. Liver-confined, unresectable disease and are deemed ineligible for transplant; OR

b. Extrahepatic/metastatic disease and are deemed ineligible for resection, transplant, or locoregional therapy; AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 1 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

7. Melanoma. Approve for the duration noted if the patient meets ALL of the following (A, B, and C):

Note: This includes cutaneous melanoma, brain metastases due to melanoma, and uveal melanoma.

- A) Patient is ≥ 12 years of age; AND
- B) Patient meets ONE of the following (i, ii, or iii):
 - i. Approve for 1 year if the patient has unresectable, advanced, or metastatic melanoma; OR
 - ii. Approve for up to 3 months of treatment if Opdivo will be used as neoadjuvant treatment; OR
 - iii. Approve for up to 1 year of treatment (total) if Opdivo will be used as adjuvant treatment; AND
- C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, C, D, or E):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- D) 1 mg/kg as an intravenous infusion not more frequently than once every 3 weeks; OR
- E) 6 mg/kg as an intravenous infusion not more frequently than once every 4 weeks.

8. Mesothelioma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has ONE of the following (i, ii, iii, or iv):
 - A) Malignant pleural mesothelioma; OR
 - B) Malignant peritoneal mesothelioma; OR
 - C) Pericardial mesothelioma; OR
 - D) Tunica vaginalis testis mesothelioma; AND
- C) If used as first-line therapy, the medication is used in combination with Yervoy (ipilimumab intravenous infusion); AND

D) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A)** 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks; OR
- B)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

9. Non-Small Cell Lung Cancer. Approve for the duration noted if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i, ii, iii, iv, v, vi, or vii):

- i.** Approve for 1 year if the medication is used as first-line or continuation maintenance therapy and the patient meets BOTH of the following (a and b):

Note: This is regardless of programmed death-ligand-1 (PD-L1) status.

- a)** Patient has recurrent, advanced, or metastatic disease; AND

- b)** The tumor is negative for actionable mutations; OR

- Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (*EGFR*) mutation, anaplastic lymphoma kinase (*ALK*) fusions, *NTRK* gene fusion-positive, *ROS1*, *BRAF V600E*, *MET 14* skipping mutation, *RET* rearrangement, *NRG1*.

- ii.** Approve for 1 year if the medication is used as first-line or subsequent therapy and the patient meets ALL of the following (a, b, and c):

Note: This is regardless of PD-L1 status.

- i.** Patient has recurrent, advanced, or metastatic disease; AND
 - ii.** Patient does NOT have *EGFR* exon 19 deletion or *L858R* mutation; *ALK*, *RET*, or *ROS1* rearrangements; AND
 - iii.** The tumor is positive for ONE of the following mutations [(1), (2), or (3)]:
 - 1. *BRAF V600E* mutation; OR
 - 2. *NTRK1/2/3* gene fusion; OR
 - 3. *MET* exon 14 skipping mutation; OR

- iii.** Approve for 1 year if the medication is used as first-line therapy and the patient meets ALL of the following (a, b, and c):

Note: This is regardless of PD-L1 status.

- i.** Patient has recurrent, advanced, or metastatic disease; AND
 - ii.** Patient does NOT have *EGFR* exon 19 deletion or *L858R* mutation, *ALK*, *RET*, or *ROS1* rearrangements; AND
 - iii.** The tumor is positive for ONE of the following mutations [(1), (2), or (3)]:
 - 1. Epidermal growth factor receptor (*EGFR*) exon 20 mutation; OR
 - 2. *ERBB2 (HER2)* mutation; OR
 - 3. *NRG1* gene fusion; OR

- iv.** Approve for 1 year if the medication is used as subsequent therapy and the patient meets ALL of the following (a, b, c, and d):
 - a)** Patient has recurrent, advanced, or metastatic disease; AND
 - b)** Patient does NOT have EGFR exon 19 deletion or *L858R* mutation, *ALK*, *RET*, or *ROS1* rearrangements; AND
 - c)** The tumor is *EGFR S768I*, *L861Q*, and/or *G719X* mutation positive; OR
 - d)** The patient has received targeted drug therapy for the specific mutation; OR
Note: Examples of targeted drug therapy include Gilotrif (afatinib tablets), Tagrisso (osimertinib tablets), erlotinib, Iressa (gefitinib tablets), Vizimpro (dacomitinib tablets).
 - v.** Approve for 1 year if the patient meets ALL of the following (a, b, c, and d):
 - a)** Patient has recurrent, advanced, or metastatic disease; AND
 - b)** The medication is used as subsequent therapy; AND
 - c)** The medication is used as a single agent; AND
 - d)** Patient has not progressed on prior therapy with a programmed death-1 (PD-1)/PD-L1 inhibitor; OR
Note: This includes previous therapy with either one of Opdivo, Keytruda (pembrolizumab intravenous infusion), or Tecentriq (atezolizumab intravenous infusion).
 - vi.** Approve for up to 4 months if the patient meets ALL of the following (a, b, and c):
 - a)** Patient has resectable disease; AND
Note: Resectable disease is defined as tumors ≥ 4 cm or node positive.
 - b)** The medication is used as neoadjuvant therapy; AND
 - c)** The medication is used in combination with platinum-doublet chemotherapy; OR
Note: Examples of platinum-doublet chemotherapy include carboplatin plus paclitaxel, cisplatin plus pemetrexed, and cisplatin plus gemcitabine.
 - vii.** Approve for 1 year (total) if the patient meets BOTH of the following (i and ii):
 - a)** Patient has completely resected disease; AND
 - b)** Patient has received neoadjuvant treatment with Opdivo or Opdivo Qvantig; AND
- C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, C, or D):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks; OR
- C)** 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- D)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

10. Renal Cell Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced, relapsed, or metastatic disease; AND
- C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 3 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

11. Urothelial Carcinoma. Approve for 1 year if the patient meets BOTH of the following (A and B):

- A) Patient is ≥ 18 years of age; AND
- B) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks.

Other Uses with Supportive Evidence

12. Ampullary Adenocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); AND
- C) Patient meets ONE of the following (i or ii):
 - i. The medication is used first-line for metastatic disease; OR
 - ii. The medication is used for subsequent therapy; AND

- D)** The medication is used in combination with Yervoy (ipilimumab intravenous infusion); AND
- E)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

13. Anal Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient meets ONE of the following (i or ii):
 - a. Patient meets BOTH of the following (a and b):
 - a)** Patient has locally recurrent, progressive disease; AND
 - b)** Medication is administered before proceeding to abdominoperineal resection; OR
 - b. Patient meets ALL of the following (a, b, and c):
 - a)** Patient has metastatic disease; AND
 - b)** Medication is used as subsequent therapy; AND
 - c)** Patient has NOT received prior immunotherapy; AND

Note: Examples of immunotherapy include Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Libtayo (cemiplimab intravenous infusion), and Jemperli (dostarlimab intravenous infusion).
- C)** The medication is used as a single agent; AND
- D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

14. Biliary Tract Cancers. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has ONE of the following (i, ii, iii, or iv):
 - i. Unresectable disease; OR
 - ii. Resected gross residual disease; OR
 - iii. Metastatic disease; OR
 - iv. The tumor is tumor mutational burden-high (TMB-H); AND
- C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 1 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

14. Bone Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, F, G, and H):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has ONE of the following conditions (i, ii, iii, iv, or v):
 - i. Chondrosarcoma; OR
 - ii. Chordoma; OR
 - iii. Ewing sarcoma; OR
 - iv. Osteosarcoma; OR
 - v. High-grade undifferentiated pleomorphic sarcoma; AND
- C) Patient has unresectable or metastatic disease; AND
- D) The tumor is tumor mutational burden-high (TMB-H); AND
- E) Patient has progressed following prior treatment; AND
- F) Patient has no satisfactory alternative treatment options; AND
- G) The medication is used in combination with Yervoy (ipilimumab intravenous infusion); AND
- H) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

15. Cervical Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient has recurrent or metastatic disease; AND
- C)** Patient has programmed death ligand-1 (PD-L1) positive disease (combined positive score [CPS] ≥ 1); AND
- D)** The medication is used as second-line or subsequent therapy; AND
- E)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

17. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient has histologic transformation to diffuse large B-cell lymphoma; AND
- C)** Patient meets ONE of the following (i, ii, or iii):
 - i.** Patient has del(17p)/TP53 mutation; OR
 - ii.** Patient is chemotherapy refractory; OR
Note: An example of chemotherapy includes CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone).
 - iii.** Patient is unable to receive chemoimmunotherapy; AND
Note: Examples of chemoimmunotherapy include RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone) and OFAR (oxaliplatin, fludarabine, cytarabine, rituximab).
- D)** The medication is used as a single agent or in combination with Imbruvica (ibrutinib capsules, tablets, or oral suspension); AND
- E)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 200 mg administered by intravenous infusion no more frequently than once every 3 weeks.

17. Diffuse High-Grade Gliomas. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A)** Patient is < 18 years of age; AND
- B)** Patient has hypermutant tumor diffuse high-grade glioma; AND
- C)** Patient meets ONE of the following (i or ii):
 - i.** The medication is used for adjuvant treatment; OR
 - ii.** The medication is used for recurrent or progressive disease; AND
- D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 3 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

18. Endometrial Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has tried at least one prior systemic therapy; AND
Note: Examples of systemic therapy are carboplatin, paclitaxel, docetaxel, cisplatin, doxorubicin, topotecan, ifosfamide, everolimus/letrozole.
- C) The tumor is mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H); AND
- D) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C) 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

19. Extranodal NK/T-Cell Lymphomas. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has received an asparaginase-based chemotherapy regimen; AND
Note: Examples of asparaginase-based chemotherapy are dexamethasone, ifosfamide, pegaspargase, etoposide; and gemcitabine, pegaspargase, oxaliplatin.
- C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

20. Gestational Trophoblastic Neoplasia. Approve for 1 year if the patient meets BOTH of the following (A and B):

A) Patient has multiagent chemotherapy-resistant disease; AND

Note: Examples of chemotherapy regimens contain etoposide, cisplatin/carboplatin, paclitaxel, bleomycin, ifosfamide, methotrexate.

B) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR

B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

21. Kaposi Sarcoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient has relapsed or refractory disease; AND

B) The medication is used as a single agent or in combination with Yervoy (ipilimumab intravenous infusion); AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR

B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

22. Merkel Cell Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i, ii, or iii):

i. Patient has primary or recurrent regional disease; OR

ii. Patient has disseminated Merkel cell carcinoma; OR

iii. The medication is used as neoadjuvant therapy; AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

A) 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks; OR

B) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

23. Neuroendocrine Tumors. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced or metastatic disease; AND
- C) Patient meets ONE of the following (i or ii):
 - i. Patient has well differentiated, Grade 3 disease; OR
 - ii. Patient has poorly differentiated, large or small cell disease (other than lung); AND
- D) The medication is used in combination with Yervoy (ipilimumab intravenous infusion); AND
- E) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

25. Pancreatic Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, and F):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has ONE of the following (i, ii, or iii):
 - i. Locally advanced disease; OR
 - ii. Metastatic disease; OR
 - iii. Recurrent disease; AND
- C) Tumor is tumor mutational burden-high (TMB-H); AND
- D) The medication is used as subsequent therapy; AND
- E) The medication is used in combination with Yervoy (ipilimumab intravenous infusion); AND
- F) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

26. Pediatric Hodgkin Lymphoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is < 18 years of age; AND
- B) Patient meets ONE of the following (i or ii):
 - i. Patient meets ALL of the following (a, b, c, and d):
 - a) Patient is ≥ 12 years of age and < 18 years of age; AND
 - b) Patient has intermediate or high risk disease; AND
 - c) Medication is used for primary treatment; AND
 - ii.

- Dosing.** Approve ONE of the following dosing regimens (A, B, or C):

- 27. Primary Mediastinal Large B-Cell Lymphoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- Dosing.** Approve ONE of the following dosing regimens (A or B):

- 28. Small Bowel Adenocarcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

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Note: Ultra-hypermutated phenotype defined as tumor mutation burden > 50 mutations/megabase.

D) Patient meets ONE of the following (i or ii):

- a. The tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); OR
- b. The tumor is polymerase epsilon/delta (POLE/POLD1) mutation positive; AND

E) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks; OR
- C)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

29. Small Cell Lung Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is ≥ 18 years of age; AND
- B)** The medication is used as second-line or subsequent therapy; AND
- C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A, B, or C):

- A)** 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B)** 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- C)** 1 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks.

30. Soft Tissue Sarcoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is ≥ 18 years of age; AND
- B)** Patient has ONE of the following (i or ii):
 - i.** Patient has advanced or metastatic disease and has ONE of the following (a, b, c, d, e, or f):
 - a)** Myxofibrosarcoma; OR
 - b)** Undifferentiated pleomorphic sarcoma; OR
 - c)** Dedifferentiated liposarcoma; OR
 - d)** Cutaneous angiosarcoma; OR

- e) Undifferentiated sarcoma; OR
- f) Tumor mutation burden-high (TMB-H); OR
- ii. Angiosarcoma; AND
- C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

31. Squamous Cell Skin Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has locally advanced, regional, or metastatic disease; AND
- C) According to the prescriber, the patient is not a candidate for curative surgery or curative radiation therapy; AND
- D) Medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks.

32. Thyroid Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has metastatic disease; AND
- C) Patient has anaplastic carcinoma; AND
- D) The medication is used as a single agent; AND
- E) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

- A) 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks; OR
- B) 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks.

33. Vaginal Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has recurrent or metastatic disease; AND

- C) Patient has programmed death ligand-1 (PD-L1) positive disease (combined positive score [CPS] ≥ 1); AND
- D) The medication is used as second-line or subsequent therapy; AND
- E) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

34. Vulvar Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has human papilloma virus (HPV)-related disease; AND
- C) Patient has tried at least one prior systemic therapy; AND
Note: Examples of systemic therapy are cisplatin, carboplatin, fluorouracil, paclitaxel, bevacizumab.
- D) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Opdivo is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<p>Classic Hodgkin Lymphoma: Added ICE (ifosfamide, carboplatin, and etoposide) to requirement that the patient has relapsed or refractory disease and the medication will be used in combination with Adcetris.</p> <p>Colon, Rectal, or Appendiceal Cancer: Added Appendiceal to the condition of approval. Added medication is used for adjuvant therapy as an additional option for approval.</p> <p>Esophageal and Esophagogastric Junction Carcinoma: For squamous cell carcinoma, added according to the prescriber, the patient is not a surgical candidate,</p>	02/08/2023

	<p>as an option of approval. Added locally and recurrent to patient has unresectable locally advanced, recurrent, or metastatic disease. Added requirement that the disease is negative for human epidermal growth factor 2 overexpression.</p> <p>Head and Neck Squamous Cell Carcinoma: Patient has progressed on or following platinum based chemotherapy was removed as an option for approval.</p> <p>Mesothelioma: For first-line therapy, added patient has unresectable disease as a requirement.</p> <p>Non-Small Cell Lung Cancer: Added first-line use in patients with recurrent, advanced, or metastatic disease with <i>BRAF V600E</i> mutation, <i>NTRK1/2/3</i> gene fusion, <i>MET</i> exon 14 skipping mutation, or <i>RET</i> rearrangement, in combination with Yervoy® (ipilimumab intravenous infusion) as an option of approval. Removed <i>BRAF V600E</i> mutation, <i>NTRK1/2/3</i> gene fusion, <i>MET</i> exon 14 skipping mutation, or <i>RET</i> rearrangement as options for approval for first-line or subsequent therapy.</p> <p>Renal Cell Carcinoma: Removed Stage IV from requirement that the patient has advanced, relapsed, or metastatic disease. For first-line therapy, added patient has clear cell histology as a requirement.</p> <p>Ampullary Adenocarcinoma: Added new condition of approval.</p> <p>Anal Carcinoma: Added 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks as another dosing option.</p> <p>Bone Cancer: Added new condition of approval.</p> <p>Cervical Cancer: Removed 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks as a dosing option.</p> <p>Diffuse High-Grade Gliomas: Added new condition of approval.</p> <p>Endometrial Carcinoma: Added 3 mg/kg as an intravenous infusion administered not more frequently than once every 2 weeks as a dosing option.</p> <p>Extranodal NK/T-Cell Lymphomas: Removed nasal type from the condition of approval.</p> <p>Kaposi Sarcoma: Added new condition of approval.</p> <p>Merkel Cell Carcinoma: Added 240 mg as an intravenous infusion administered not more frequently than once every 2 weeks as another dosing option.</p> <p>Primary Mediastinal Large B-Cell Lymphoma: Added new condition of approval.</p> <p>Vulvar Cancer: Removed 480 mg as an intravenous infusion administered not more frequently than once every 3 weeks as a dosing option.</p>	
Selected Revision	<p>Renal Cell Carcinoma: Removed requirement “If used as first line therapy, the patient meets the following: the patient has clear cell histology; AND the medication is used in combination with Yervoy (ipilimumab intravenous infusion) or Cabometyx (cabozantinib tablets).”.</p>	08/23/2023
Annual Revision	<p>Classic Hodgkin Lymphoma: Removed “patient is not eligible for transplant” as an option for approval.</p> <p>Colon, Rectal, or Appendiceal Cancer: Added the tumor is polymerase epsilon/delta (POLE/POLD1) mutation positive as a new option for approval.</p> <p>Esophageal and Esophagogastric Junction Carcinoma: For option of approval Bii, removed requirement that patient has tried chemotherapy. For option of approval Biv, removed requirement that the patient has squamous cell carcinoma, that the tumor is negative for human epidermal growth factor receptor 2 overexpression, and the medication will be used for first-line therapy. Added requirement that the tumor is microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR). Revised fluoropyrimidine and platinum containing chemotherapy to fluoropyrimidine and oxaliplatin containing chemotherapy. Added additional option of approval for patient with adenocarcinoma, tumor is MSI-H or dMMR, and the medication is used for neoadjuvant or perioperative therapy.</p> <p>Gastric Cancer: Added option of approval for patient with locoregional disease, tumor is MSI-H or dMMR, and medication is used as neoadjuvant or perioperative therapy. Added option of approval for patient with unresectable locally advanced, recurrent, or metastatic disease, OR patient is not a surgical candidate, tumor is MSI-H or dMMR, and the medication will be used in combination with Yervoy (ipilimumab intravenous infusion) or with a fluoropyrimidine and oxaliplatin. Removed</p>	01/31/2024

	<p>requirement that the tumor expression for programmed death-ligand 1 has a combined score ≥ 5.</p> <p>Hepatocellular Carcinoma: Removed “including hepatobiliary cancers” from the condition of approval. Added requirement that the patient has ONE of the following: unresectable disease and is not a transplant candidate; liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; OR metastatic disease or extensive liver tumor burden. Added requirement that if the medication is used for first-line therapy, the patient has Child-Pugh Class B liver disease and the medication is used as a single agent.</p> <p>Melanoma: Added 1 mg/kg as an intravenous (IV) infusion no more frequently than once every 3 weeks and 6 mg/kg as an IV infusion no more frequently than once every 4 weeks as additional dosing regimens. Removed Note from adjuvant treatment criterion.</p> <p>Mesothelioma: Removed patient has unresectable disease as a requirement for the first-line use of Opdivo.</p> <p>Non-Small Cell Lung Cancer: Added the following to the Note for first-line or continuation maintenance therapy: <i>KRAS G12C</i> is not considered an actionable mutation (the tumor may be <i>KRAS G12C</i> mutation positive). Revised Bii: Opdivo is used as first-line therapy and the patient meets ALL of the following to Opdivo is used as first-line or subsequent therapy and the patient meets ALL of the following. Revised Biii: Opdivo is used as first-line or subsequent therapy to Opdivo is used as first-line therapy; and removed <i>KRAS G12C</i> from list of mutations.</p> <p>Biliary Tract Cancers: Added new condition of approval.</p> <p>Cervical Cancer: Added requirement that the patient has recurrent or metastatic disease.</p> <p>Gestational Trophoblastic Neoplasia: Removed patient has tried at least one previous chemotherapy regimen for recurrent or progressive disease and patient has methotrexate resistant high-risk disease as options for approval. Added requirement that the patient has multiagent chemotherapy-resistant disease.</p> <p>Small Cell Lung Cancer: Added 1 mg/kg as an IV infusion not more frequently than once every 3 weeks and 3 mg/kg as an IV infusion not more frequently than once every 2 weeks as additional dosing regimens. Remove 480 mg as an IV infusion not more frequently than once every 4 weeks as a recommended dosing regimen.</p> <p>Soft Tissue Sarcoma: Added new condition of approval.</p>	
Selected Revision	<p>Urothelial Carcinoma: The requirement that the patient has tried at least one other chemotherapy regimen or the patient is at high risk of recurrence after radical resection of the tumor has been removed.</p>	03/20/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024
Annual Revision	<p>Classical Hodgkin Lymphoma: Requirement that the patient has tried three or more systemic regimens and this includes an auto-hematopoietic stem cell transplant as one line of therapy was removed. Added new option for approval if the medication is used as primary treatment, in combination with AVD (doxorubicin, vinblastine, dacarbazine), or Adcetris (brentuximab intravenous infusion), or as a single agent. Allogeneic was added as descriptor to patient has had an allogeneic hematopoietic stem cell transplant. As a single agent added to patient has relapsed or refractory disease and the medication is used as a single agent, or in combination with Adcetris or ICE (ifosfamide, carboplatin, and etoposide).</p> <p>Esophageal and Esophagogastric Junction Carcinoma: Added medication is used as induction therapy in patients planned for esophagectomy as new option for approval. The tumor expression for programmed death ligand-1 (PD-L1) has a combined positive score (CPS) ≥ 5 was removed.</p> <p>Gastric Cancer: 1 mg/kg as an intravenous infusion administered not more frequently than once every 3 weeks and 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks were added as additional dosing regimens.</p>	02/12/2025

	<p>Head and Neck Squamous Cell Carcinoma: Opdivo is used in combination with cisplatin and gemcitabine removed as an option for approval.</p> <p>Hepatocellular Carcinoma: If the medication is used first-line, the patient has Child-Pugh Class B liver disease, and the medication is used as a single agent was removed as an option for approval. Liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease removed as an option for approval. Added liver-confined and are deemed ineligible for, and removed candidate from liver confined, unresectable disease and are deemed ineligible for transplant. Added extrahepatic and are deemed ineligible for resection, transplant, or locoregional therapy, and removed extensive liver tumor burden from extrahepatic/metastatic disease and are deemed ineligible for resection, transplant, or locoregional therapy.</p> <p>Melanoma: Added approve for up to 3 months of treatment if Opdivo will be used as neoadjuvant treatment as new option for approval.</p> <p>Non-Small Cell Lung Cancer: Approval duration changed from 1 year to the duration noted. Added approve for 1 year for first-line or continuation therapy, first-line or subsequent therapy, first-line therapy, and subsequent therapy. Removed criteria that Opdivo will be used in combination with Yervoy. Added <i>NRG1</i> and removed <i>KRAS G12C</i> is not considered an actionable mutation from the Note. Added patient does not have EGFR exon 19 deletion or <i>L858R</i> mutation; <i>ALK</i>, <i>RET</i>, or <i>ROS1</i> rearrangements as a new requirement for first-line therapy, first-line or subsequent therapy, and subsequent therapy. Removed <i>RET</i> rearrangement from the list of mutations for first-line or subsequent therapy. Added <i>NRG1</i> gene fusion to list of mutations for first-line therapy. Removed EGFR exon 19 deletion or exon 21 <i>L858R</i>, Anaplastic lymphoma kinase (<i>ALK</i>) rearrangement, and <i>ROS1</i> rearrangement from list of mutations for subsequent therapy. Removed Xalkori, Rozlytrek, and Zykadia from the Note. Removed patient has tried systemic chemotherapy, and the corresponding Note as a requirement. Added the medication is used as subsequent therapy. Added the medication is used as a single agent as a requirement. Removed if the tumor is positive for an actionable mutation, the patient has received targeted drug therapy for the specific mutation and the corresponding Note. Added approve for 4 months for neoadjuvant therapy. Added approve for 1 year if the patient has completed resected disease and the patient has received neoadjuvant treatment with Opdivo as new option for approval.</p> <p>Ampullary Adenocarcinoma: Removed unresectable localized disease, Stage IV resected disease, and metastatic disease at initial presentation as options for approval. Added metastatic disease to the medication is used first-line for metastatic disease.</p> <p>Anal Carcinoma: Removed patient has tried at least one chemotherapy regimen and the corresponding Note as a requirement. Added patient has locally recurrent, progressive disease and medication is administered before proceeding to abdominoperineal resection as new option for approval. Added patient has metastatic disease, medication is used as subsequent therapy, and patient has not received prior immunotherapy as new option for approval. Added medication is used as a single agent as new requirement.</p> <p>Biliary Tract Cancers: The tumor is tumor mutation burden-high was moved from a requirement to an option for approval. Removed requirement that the medication is used in combination with Yervoy.</p> <p>Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: Added new condition of approval.</p> <p>Kaposi Sarcoma: Removed patient has classic disease as a requirement. Added single agent to the medication is used as a single agent or in combination with Yervoy. Added 480 mg as an intravenous infusion administered not more frequently than once every 4 weeks as new dosing regimen.</p> <p>Merkel Cell Carcinoma: Added patient has primary or recurrent regional disease as new option of approval.</p> <p>Pancreatic Cancer: Added new condition of approval.</p>	
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Selected Revision	Melanoma: Revised patient age from ≥ 18 years to ≥ 12 years of age.	03/26/2025
Selected Revision	<p>Non-Small Cell Lung Cancer: The note was updated to remove “The tumor may be <i>KRAS G12C</i> mutation positive.”</p> <p>Colon, Rectal, or Appendiceal Cancer: Added 6 mg/kg as an intravenous infusion administered not more frequently than once every 4 weeks as a dosing option.</p> <p>Urothelial Carcinoma: Added 360 mg as an intravenous infusion administered not more frequently than once every 3 weeks as a dosing option</p>	04/30/2025