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DRUG POLICY

Opdivo (nivolumab)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Opdivo (nivolumab) drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines, and clinical studies. Opdivo (nivolumab) is a human immunoglobulin G4 (IgG4) monoclonal antibody that binds to the P-1 receptor and blocks its interaction with PD-L1 and PD-L2, releasing PD-1 pathway-mediated inhibition of the immune response, including the anti-tumor response.

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Unresectable or Metastatic Melanoma
Opdivo (nivolumab), as a single agent or in combination with ipilimumab, is indicated for the treatment of adult patients with unresectable or metastatic melanoma.
2. Adjuvant Treatment of Melanoma
Opdivo is indicated for the adjuvant treatment of adult patients with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection.
3. Metastatic Non-Small Cell Lung Cancer
 - a. Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PD-L1 ($\geq 1\%$) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.

- b. Opdivo, in combination with ipilimumab and 2 cycles of platinum-doublet chemotherapy, is indicated for the first-line treatment of adult patients with metastatic or recurrent NSCLC, with no EGFR or ALK genomic tumor aberrations.
 - c. Opdivo is indicated for the treatment of adult patients with metastatic NSCLC with 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.
4. Neoadjuvant Treatment of Resectable Non-Small Cell Lung Cancer.
Opdivo, in combination with platinum-doublet chemotherapy, is indicated as neoadjuvant treatment of adult patients with resectable (tumors ≥ 4 cm or node positive) non-small cell lung cancer (NSCLC).
5. Malignant Pleural Mesothelioma
Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma.
6. Advanced Renal Cell Carcinoma
 - a. Opdivo as a single agent is indicated for the treatment of adult patients with advanced renal cell carcinoma (RCC) who have received prior anti-angiogenic therapy.
 - b. Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with intermediate or poor risk advanced RCC.
 - c. Opdivo, in combination with cabozantinib, is indicated for the first-line treatment of adult patients with advanced RCC.
7. Classical Hodgkin Lymphoma
Opdivo is indicated for the treatment of adult patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after:
 - a. Autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin, or
 - b. 3 or more lines of systemic therapy that includes autologous HSCT.
8. Squamous Cell Carcinoma of the Head and Neck
Opdivo is indicated for the treatment of adult patients with recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN) with disease progression on or after platinum-based therapy.
9. Urothelial Carcinoma
 - a. Opdivo is indicated for the adjuvant treatment of adult patients with urothelial carcinoma (UC) who are at high risk of recurrence after undergoing radical resection of UC.
 - b. Opdivo is indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma who:
 - i. Have disease progression during or following platinum-containing chemotherapy
 - ii. Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
10. Microsatellite Instability-High or Mismatch Repair Deficient Metastatic Colorectal Cancer
Opdivo, as a single agent or in combination with ipilimumab, is indicated for the treatment of adult and pediatric patients 12 years and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.
11. Hepatocellular Carcinoma
Opdivo in combination with ipilimumab, is indicated for the treatment of adult patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib.
12. Esophageal Carcinoma
 - a. Opdivo is indicated for the adjuvant treatment of completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease in adult patients who have received neoadjuvant chemoradiotherapy (CRT).

- b. Opdivo, in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the first-line treatment of adult patients with unresectable advanced or metastatic esophageal squamous cell carcinoma (ESCC).
- c. Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable advanced or metastatic esophageal squamous cell carcinoma (ESCC).
- d. Opdivo is indicated for the treatment of adult patients with unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma (ESCC) after prior fluoropyrimidine- and platinum-based chemotherapy.

13. Gastric Cancer, Gastroesophageal Junction Cancer, Esophageal Adenocarcinoma

Opdivo, in combination with fluoropyrimidine- and platinum-containing chemotherapy, is indicated for the treatment of adult patients with advanced or metastatic gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma.

Compendial Uses

- 1. Cutaneous melanoma
- 2. Non-small cell lung cancer
- 3. Renal cell carcinoma
- 4. Classical Hodgkin lymphoma
- 5. Head and neck cancers
- 6. Urothelial carcinoma
 - a. Bladder cancer
 - b. Primary carcinoma of the urethra
 - c. Upper genitourinary tract tumors
 - d. Urothelial carcinoma of the prostate
- 7. Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma
- 8. Hepatocellular carcinoma
- 9. Uveal Melanoma
- 10. Anal Carcinoma
- 11. Merkel Cell Carcinoma
- 12. Central Nervous System (CNS) brain metastases
- 13. Gestational trophoblastic neoplasia
- 14. Malignant pleural mesothelioma
- 15. Malignant peritoneal mesothelioma
- 16. Small bowel adenocarcinoma
- 17. Ampullary Adenocarcinoma
- 18. Extranodal NK/T-cell lymphoma
- 19. Endometrial Carcinoma
- 20. Vulvar squamous cell carcinoma
- 21. Gastric Cancer
- 22. Esophageal/Esophagogastric Junction Cancers
- 23. Small Cell Lung Cancer
- 24. Cervical Cancer
- 25. Pediatric Diffuse High-Grade Gliomas
- 26. Primary Mediastinal Large B-cell Lymphoma

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- A. Documentation of laboratory report confirming MSI-H or mismatch repair deficient (dMMR) tumor status, where applicable.
- B. Documentation of programmed death ligand 1 (PD-L1) tumor expression, where applicable.
- C. Documentation of the presence of EGFR exon 19 deletions or L858R mutations or ALK rearrangements, where applicable.

Exclusions

Coverage will not be provided for members who have experienced disease progression while on programmed death receptor-1 (PD-1) or programmed death ligand 1 (PD-L1) inhibitor therapy (other than when used as second-line or subsequent therapy for metastatic or unresectable melanoma in combination with ipilimumab following progression on single agent anti-PD-1 immunotherapy).

Criteria for Initial Approval

A. Cutaneous Melanoma

Authorization of 6 months may be granted for treatment of cutaneous melanoma in either of the following settings:

1. The requested medication will be used as a single agent or in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for locally recurrent, unresectable or metastatic disease.
2. The requested medication will be used as a single agent as adjuvant treatment of stage III or IV disease following complete resection or no evidence of disease.

B. Non-Small Cell Lung Cancer (NSCLC)

1. Authorization of 6 months may be granted for treatment of recurrent, advanced or metastatic non-small cell lung cancer if either of the following criteria are met:

- i. There are no EGFR exon 19 deletions or L858R mutations or ALK rearrangements (unless testing is not feasible due to insufficient tissue) and the requested medication will be used in a regimen containing ipilimumab.
 - ii. The requested medication will be used as single agent subsequent therapy.
2. Authorization of 3 months (for up to 3 cycles total) may be granted for neoadjuvant treatment of resectable non-small cell lung cancer (NSCLC) in combination with platinum-doublet chemotherapy.

C. Renal Cell Carcinoma

Authorization of 6 months may be granted for treatment of relapsed, advanced, or stage IV renal cell carcinoma, in any of the following settings:

1. The requested medication will be used as a single agent for clear cell histology as subsequent therapy.
2. The requested medication will be used as a single agent for non-clear cell histology.
3. The requested medication will be used in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for:
 - i. First-line therapy for poor or intermediate risk.
 - ii. First-line therapy for clear cell histology and favorable risk.
 - iii. Subsequent therapy for clear cell histology.
4. The requested medication will be used in combination with cabozantinib.

D. Classical Hodgkin Lymphoma (cHL)

Authorization of 6 months may be granted for treatment of classical Hodgkin lymphoma when either of the following criteria is met:

1. The requested medication will be used as palliative or subsequent therapy and the member meets one of the following criteria:
 - i. Member has relapsed or progressed after high-dose therapy and autologous stem cell rescue (HDT/ASCR).
 - ii. Member has relapsed or refractory disease and is transplant-ineligible.
 - iii. Member has relapsed or refractory disease and was heavily pretreated or there was a decrease in cardiac function
 - iv. Member is post-allogeneic transplant.
2. The requested medication will be used in combination with brentuximab vedotin for relapsed or refractory disease.

E. Head and Neck Cancers

Authorization of 6 months may be granted for treatment of head and neck cancers in members who meet either of the following criteria:

1. For non-nasopharyngeal cancer as single agent subsequent therapy for unresectable, recurrent, or metastatic disease.
2. For nasopharyngeal cancer in combination with cisplatin and gemcitabine for unresectable, recurrent, or metastatic disease.

F. Urothelial Carcinoma – Bladder Cancer

Authorization of 6 months may be granted as a single agent for treatment of bladder cancer when any of the following conditions are met:

1. As subsequent therapy for locally advanced, recurrent, persistent, or metastatic disease.
2. As adjuvant therapy in members who are at high risk of recurrence after undergoing resection.

G. Urothelial Carcinoma – Primary Carcinoma of the Urethra

Authorization of 6 months may be granted as a single agent for treatment of primary carcinoma of the urethra when either of the following are met:

1. As subsequent therapy for recurrent, locally advanced, or metastatic disease.
2. As adjuvant therapy in members who are at high risk of recurrence after undergoing resection.

H. Urothelial Carcinoma – Upper Genitourinary Tract Tumors or Urothelial Carcinoma of the Prostate

Authorization of 6 months may be granted as a single agent for treatment of upper genitourinary (GU) tract tumors or urothelial carcinoma of the prostate when either of the following are met:

1. As subsequent therapy for locally advanced or metastatic disease.
2. As adjuvant therapy in members who are at high risk of recurrence after undergoing resection.

I. Colorectal Cancer

Authorization of 6 months may be granted for treatment of colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, for microsatellite instability-high or mismatch repair deficient tumors when used as a single agent or in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for advanced, metastatic, unresectable, or inoperable disease

J. Small Bowel Adenocarcinoma

Authorization of 6 months may be granted as a single agent or in combination with ipilimumab for treatment of advanced or metastatic small bowel adenocarcinoma for microsatellite instability-high or mismatch repair deficient tumors.

K. Ampullary Adenocarcinoma

Authorization of 6 months may be granted in combination with ipilimumab for treatment of progressive, unresectable, or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) ampullary adenocarcinoma.

L. Hepatocellular Carcinoma

Authorization of 6 months may be granted in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for subsequent treatment of hepatocellular carcinoma.

M. Uveal Melanoma

Authorization of 6 months may be granted as a single agent or in combination with ipilimumab for treatment of uveal melanoma for distant metastatic disease.

N. Anal Carcinoma

Authorization of 6 months may be granted as a single agent for subsequent treatment of metastatic anal carcinoma.

O. Merkel Cell Carcinoma

Authorization of 6 months may be granted for treatment of Merkel cell carcinoma in either of the following settings:

1. Metastatic disease.
2. Neoadjuvant treatment of node positive disease.

P. CNS Brain Metastases

Authorization of 6 months may be granted for treatment of CNS brain metastases when either of the following criteria are met:

1. The requested medication will be used as a single agent or in combination with ipilimumab in members with melanoma.
2. The requested medication will be used as a single agent in members with PD-L1 positive non-small cell lung cancer.

Q. Gestational Trophoblastic Neoplasia

Authorization of 6 months may be granted as a single agent for treatment of gestational trophoblastic neoplasia for multiagent chemotherapy-resistant disease when either of the following criteria is met:

1. Member has recurrent or progressive intermediate trophoblastic tumor (placental site trophoblastic tumor or epithelioid trophoblastic tumor) following treatment with a platinum-based regimen.
2. Member has high-risk disease.

R. Malignant Pleural or Peritoneal Mesothelioma

Authorization of 6 months may be granted for the treatment of malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, in either of the following settings:

1. The requested medication will be used as first line therapy in combination with ipilimumab.
2. The requested medication will be used as subsequent therapy as a single agent or in combination with ipilimumab.

S. Esophageal and Esophagogastric Junction Carcinoma

Authorization of 6 months may be granted for treatment of esophageal or esophagogastric junction carcinoma in any of the following settings:

1. As first-line treatment of unresectable advanced or metastatic squamous cell carcinoma in combination with ipilimumab or fluoropyrimidine- and platinum-containing chemotherapy.
2. As subsequent therapy for treatment of unresectable advanced, recurrent or metastatic squamous cell carcinoma.
3. As postoperative therapy following preoperative chemoradiation and complete tumor resection, when there is residual pathologic disease.
4. As treatment of adenocarcinoma in members who are not surgical candidates or have unresectable locally advanced, recurrent, or metastatic disease when the requested medication will be used in combination with chemotherapy.

T. Extranodal NK/T-Cell Lymphoma

Authorization of 6 months may be granted for treatment of relapsed or refractory extranodal NK/T-cell lymphoma.

U. Endometrial Carcinoma

Authorization of 6 months may be granted for single agent subsequent treatment of recurrent or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) endometrial carcinoma.

V. Vulvar Squamous Cell Carcinoma

Authorization of 6 months may be granted for treatment of HPV-related advanced, recurrent, or metastatic vulvar squamous cell carcinoma as subsequent therapy as a single agent.

W. Gastric Cancer

Authorization of 6 months may be granted for treatment of gastric cancer in members who are not surgical candidates or have unresectable locally advanced, recurrent, or metastatic disease, when the requested medication will be used in combination with chemotherapy.

X. Small Cell Lung Cancer

Authorization of 6 months may be granted for subsequent treatment of relapsed or progressive small cell lung cancer as a single agent.

Y. Cervical Cancer

Authorization of 6 months may be granted for subsequent treatment of persistent, recurrent, or metastatic cervical cancer as a single agent if PD-L1 positive (combined positive score [CPS] ≥ 1).

Z. Pediatric Diffuse High-Grade Gliomas

Authorization of 6 months may be granted for hypermutant tumor pediatric diffuse high-grade glioma as adjuvant treatment or for recurrent or progressive disease.

AA. Primary Mediastinal Large B-Cell Lymphoma

Authorization of 6 months may be granted as a single agent or in combination with brentuximab vedotin for treatment of primary mediastinal large B-cell lymphoma in members with relapsed or refractory disease.

Continuation of Therapy

A. Adjuvant treatment of melanoma or urothelial carcinoma

Authorization of 6 months may be granted (up to 12 months total) for continued treatment in members requesting reauthorization for cutaneous melanoma or urothelial carcinoma who have not experienced disease recurrence or an unacceptable toxicity.

B. Non-small cell lung cancer or Malignant pleural or peritoneal mesothelioma

Authorization of 6 months may be granted (up to 24 months total when used in combination with ipilimumab) for continued treatment in members requesting reauthorization for non-small cell lung cancer or malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma subtypes, when there is no evidence of unacceptable toxicity or disease progression while on the current regimen. Neoadjuvant treatment of NSCLC will be approved for a total of 3 months of therapy.

C. Renal Cell Carcinoma

Authorization of 6 months may be granted (up to 24 months total when used in combination with cabozantinib) for continued treatment in members requesting reauthorization for renal cell carcinoma when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

D. Gastric Cancer, Esophageal Cancer, and Esophagogastric Junction Carcinoma

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for gastric cancer, esophageal cancer, and esophagogastric junction carcinoma when there is no evidence of unacceptable toxicity or disease progression while on the current regimen for the following durations of therapy:

1. Esophageal squamous cell carcinoma in combination with ipilimumab or chemotherapy for up to 24 months

2. Unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma as a single agent until disease progression or unacceptable toxicity
3. Adjuvant treatment of resected esophageal or esophagogastric junction cancer as a single agent for up to 12 months
4. Gastric cancer, esophagogastric junction cancer, and esophageal adenocarcinoma in combination with chemotherapy for up to 24 months

E. All other indications

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for all other indications listed in Criteria for Initial Approval Section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Opdivo is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J9299- Injection, nivolumab, 1mg

REFERENCES

- Opdivo [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2022.
- The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 23, 2022.

POLICY HISTORY

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