POLICY Document for OPDIVO (nivolumab)

The overall objective of this policy is to support the appropriate and cost-effective use of the medication, specific to use of preferred medication options, and overall, clinically appropriate use. This document provides specific information to both sections of the overall policy.

Section 1: Site of Care
- Policy information specific to site of care (outpatient, hospital outpatient, home infusion)

Section 2: Clinical Criteria
- Policy information specific to the clinical appropriateness for the medication

Section 3: Oncology Clinical Policy
- Policy information specific to regimen review per NCCN Guidelines.

Section 1: Site of Care

Site of Care Criteria
Checkpoint Inhibitors

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Bavencio	avelumab	intravenous
Imfinzi	durvalumab	intravenous
Jemperli	dostarlimab-gxly	intravenous
Keytruda	pembrolizumab	intravenous
Libtayo	cemiplimab	intravenous
Loqtorzi	toripalimab-tpzi	intravenous
Opdivo	nivolumab	intravenous
Opdualag	nivolumab and relatlimab-rmbw	intravenous
Tecentriq	atezolizumab	intravenous
	penpulimab-kcqx	intravenous
Tevimbra	tislelizumab	intravenous

Brand Name	Generic Name	Dosage Form
Unloxcyt	cosibelimab-ipdl	intravenous
Yervoy	ipilimumab	intravenous
Zynyz	retifanlimab-dlwr	intravenous

Criteria For Approval For Administration In Outpatient Hospital Setting

This policy provides coverage for administration of a checkpoint inhibitor in an outpatient hospital setting for the initial 6 months approval and up to 45 days for renewal of therapy.

This policy provides coverage for administration of tocilizumab in an outpatient hospital setting for a longer course of treatment when ANY of the following criteria are met:

- The member has experienced an adverse reaction that did not respond to conventional interventions (eg, acetaminophen, steroids, diphenhydramine, fluids, other pre-medications or slowing of infusion rate) or a severe adverse event (anaphylaxis, anaphylactoid reactions, myocardial infarction, thromboembolism, or seizures) during or immediately after an infusion or has experienced severe toxicity requiring continuous monitoring (e.g. Grade 2-4 bullous dermatitis, transaminitis, pneumonitis, Stevens-Johnson syndrome, acute pancreatitis, primary adrenal insufficiency aseptic meningitis, encephalitis, transverse myelitis, myocarditis, pericarditis, arrhythmias, impaired ventricular function, conduction abnormalities).
- The member is medically unstable (eg respiratory, cardiovascular, or renal conditions).
- The member has severe venous access issues that require the use of a special interventions only available in the outpatient hospital setting.
- The member has significant behavioral issues and/or physical or cognitive impairment that would impact the safety of the infusion therapy AND the patient does not have access to a caregiver.
- The member is receiving provider administered combination chemotherapy.
- Alternative infusion sites (pharmacy, physician office, ambulatory care, etc.) are greater than 30 miles from the member's home.
- The member is less than 14 years of age.

For situations where administration of a checkpoint inhibitor does not meet the criteria for outpatient hospital infusion, coverage for a checkpoint inhibitor is provided when administered in alternative sites such as; physician office, home infusion or ambulatory care.

Required Documentation

The following information is necessary to initiate the site of care prior authorization review (where applicable):

- Medical records supporting the member has experienced an adverse reaction that did not respond to conventional interventions or a severe adverse event during or immediately after an infusion or a severe toxicity requiring continuous monitoring
- Medical records supporting the member is medically unstable
- Medical records supporting the member has severe venous access issues that require specialized interventions only available in the outpatient hospital setting
- Medical records supporting the member has behavioral issues and/or physical or cognitive impairment and no access to a caregiver
- Medical records supporting the member is receiving provider administered combination therapy.
- Records supporting alternative infusion sites are greater than 30 miles from the member's home.
- Medical records supporting the member is new to therapy

Section 2: Clinical Criteria

Specialty Guideline Management
Opdivo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Opdivo	nivolumab

Indications

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, as a single agent or in combination with ipilimumab, is indicated for the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic melanoma.

Adjuvant Treatment of Melanoma

Opdivo is indicated for the adjuvant treatment of adult and pediatric patients 12 years and older with completely resected stage IIB, stage IIC, stage III, or stage IV melanoma.

Metastatic Non-Small Cell Lung Cancer

- 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 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.
- 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.
- 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.

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).

Neoadjuvant and Adjuvant 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) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements, followed by single-agent OPDIVO as adjuvant treatment after surgery.

Malignant Pleural Mesothelioma

Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable malignant pleural mesothelioma.

Advanced Renal Cell Carcinoma

- 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.
- Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with intermediate or poor risk advanced RCC.
- Opdivo, in combination with cabozantinib, is indicated for the first-line treatment of adult patients with advanced RCC.

Classical Hodgkin Lymphoma

Opdivo is indicated for the treatment of adult patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after:

Autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin, or
Three or more lines of systemic therapy that includes autologous HSCT.

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.

Urothelial Carcinoma

- 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.
- Opdivo, in combination with cisplatin and gemcitabine, is indicated for the first-line treatment of adult patients with unresectable or metastatic urothelial carcinoma.
- Opdivo is indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma who:
  - Have disease progression during or following platinum-containing chemotherapy
  - Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

Microsatellite Instability-High or Mismatch Repair Deficient Metastatic Colorectal Cancer

Opdivo, in combination with ipilimumab, is indicated for the treatment of adult and pediatric patients 12 years and older with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC).

Opdivo, as a single agent, 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.

Hepatocellular Carcinoma

Opdivo, in combination with ipilimumab, is indicated for the first-line treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC).

Opdivo, in combination with ipilimumab, is indicated for the treatment of adult patients with unresectable or metastatic HCC who have been previously treated with sorafenib.

Esophageal Carcinoma

- 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).
- 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).
- 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).
- 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.

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[2]

- Cutaneous melanoma
- Non-small cell lung cancer
- Renal cell carcinoma
- Classical Hodgkin lymphoma
- Head and neck cancers
- Urothelial carcinoma
  - Bladder cancer
  - Primary carcinoma of the urethra
  - Upper genitourinary tract tumors
  - Urothelial carcinoma of the prostate
- Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma
- Hepatocellular carcinoma
- Uveal Melanoma
- Anal Carcinoma
- Merkel Cell Carcinoma
- Central Nervous System (CNS) brain metastases
- Gestational trophoblastic neoplasia
- Pleural mesothelioma
- Peritoneal mesothelioma
- Small bowel adenocarcinoma
- Ampullary Adenocarcinoma
- Extranodal NK/T-cell lymphoma
- Endometrial Carcinoma
- Vulvar Cancer
- Gastric Cancer
- Esophageal/Esophagogastric Junction Cancers
- Small cell lung cancer
- Cervical Cancer
- Pediatric Diffuse High-Grade Gliomas
- Pediatric Primary Mediastinal Large B-cell Lymphoma
- Kaposi Sarcoma
- Bone Cancer
- Biliary Tract Cancers
  - Cholangiocarcinoma
  - Gallbladder Cancer
- Soft Tissue Sarcoma
  - Extremity/body wall sarcoma

- Head/neck sarcoma
- Retroperitoneal/intra-abdominal sarcoma
- Rhabdomyosarcoma
- Angiosarcoma

Anaplastic Thyroid Carcinoma
Histologic (Richter) transformation to diffuse large B-cell lymphoma
Vaginal Cancer
Squamous cell skin cancer

All other indications are considered experimental/investigational and not medically necessary.

Documentation

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

Documentation of laboratory report confirming MSI-H, mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) tumor status, where applicable.
Documentation of programmed death ligand 1 (PD-L1) tumor expression, where applicable.
Documentation of the presence of EGFR exon 19 deletions or exon 21 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).

Coverage Criteria

Cutaneous Melanoma[1,2,4]

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

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 unresectable or metastatic disease.
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) as adjuvant treatment of stage III or IV disease following complete resection or no evidence of disease.
The requested medication will be used as a single agent as adjuvant treatment of stage IIB and IIC disease following complete resection.

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) as neoadjuvant treatment of resectable disease.

Non-Small Cell Lung Cancer (NSCLC)[1,2]

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:

- There are no EGFR exon 19 deletions or exon 21 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.
- The requested medication will be used as single agent subsequent therapy.

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.

Authorization of 6 months may be granted for neoadjuvant treatment of resectable non-small cell lung cancer (NSCLC) when both of the following conditions are met:

- There are no EGFR exon 19 deletions or exon 21 L858R mutations or ALK rearrangements (unless testing is not feasible due to insufficient tissue)
- The requested medication is used in combination with platinum-doublet chemotherapy (for up to 4 cycles total), followed by single agent adjuvant therapy (for up to 13 cycles)

Renal Cell Carcinoma[1,2]

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

The requested medication will be used as a single agent for clear cell histology as subsequent therapy.

The requested medication will be used as a single agent for non-clear cell histology.

The requested medication will be used in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for disease with clear cell histology.

The requested medication will be used in combination with cabozantinib.

Classical Hodgkin Lymphoma (cHL)[1,2]

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

The requested medication will be used as single agent subsequent therapy and the member has relapsed or refractory disease that was either heavily pretreated or there was a decrease in cardiac function.

The requested medication will be used in combination with brentuximab vedotin or in combination with ICE (ifosfamide, carboplatin, etoposide) for relapsed or refractory disease.

The requested medication will be used as a single agent for disease refractory to at least three lines of prior therapy.

The requested medication will be used in combination with AVD (doxorubicin, vinblastine, and dacarbazine) for stage III-IV disease.

Head and Neck Cancers[1,2]

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

For unresectable, recurrent, persistent or metastatic disease.
For nasopharyngeal cancer in combination with cisplatin and gemcitabine for unresectable, recurrent, persistent or metastatic disease.

Urothelial Carcinoma – Bladder Cancer[1,2]

Authorization of 6 months may be granted in combination with gemcitabine and cisplatin for up to 6 cycles followed by nivolumab maintenance therapy as first line treatment of 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:

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

Urothelial Carcinoma – Primary Carcinoma of the Urethra[1,2]

Authorization of 6 months may be granted in combination with gemcitabine and cisplatin for up to 6 cycles followed by nivolumab maintenance therapy as first line treatment of 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:

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

Urothelial Carcinoma – Upper Genitourinary Tract Tumors or Urothelial Carcinoma of the Prostate[1,2]

Authorization of 6 months may be granted in combination with gemcitabine and cisplatin for up to 6 cycles followed by nivolumab maintenance therapy as first line treatment of metastatic upper genitourinary (GU) 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:

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

Colorectal Cancer[1,2,3]

Authorization of 6 months may be granted for treatment of colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, for microsatellite-instability high (MSI-H), mismatch repair deficient (dMMR) or polymerase epsilon/delta (POLE/POLD1) tumors when used as a single agent or in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent).

Small Bowel Adenocarcinoma[2]

Authorization of 6 months may be granted as a single agent or in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for treatment of unresectable, medically inoperable, advanced or metastatic small bowel adenocarcinoma for microsatellite-instability high (MSI-H), mismatch repair deficient (dMMR) or polymerase epsilon/delta (POLE/POLD1) tumors.

Ampullary Adenocarcinoma[2]

Authorization of 6 months may be granted in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for treatment of progressive, unresectable, or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) ampullary adenocarcinoma.

Hepatocellular Carcinoma[1,2]

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

Uveal Melanoma[2]

Authorization of 6 months may be granted as a single agent or in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent) for treatment of uveal melanoma for unresectable or metastatic disease.

Anal Carcinoma[2]

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

Merkel Cell Carcinoma[2,5]

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

- Metastatic disease.
- Neoadjuvant treatment of node positive disease and node negative locally advanced disease when used as a single agent.
- Unresectable, recurrent, or stage IV disease when used in combination with ipilimumab (4 doses of ipilimumab, followed by Opdivo as a single agent).

CNS Brain Metastases[2]

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

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

Gestational Trophoblastic Neoplasia[2]

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

- Member has recurrent or progressive intermediate trophoblastic tumor (placental site trophoblastic tumor or epithelioid trophoblastic tumor).
- Member has high-risk disease.

Pleural or Peritoneal Mesothelioma[1,2]

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

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

Esophageal and Esophagogastric Junction Cancer[1,2]

- Authorization of 6 months may be granted for treatment of esophageal or esophagogastric junction 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 ipilimumab or chemotherapy or will be used as subsequent therapy.
- Authorization of 6 months may be granted for adjuvant treatment of completely resected esophageal or esophagogastric junction cancer with residual pathologic disease.
- Authorization of 6 months may be granted as a single agent or in combination with ipilimumab for neoadjuvant or perioperative treatment of esophageal or esophagogastric junction adenocarcinoma if tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) and member is medically fit for surgery.
- Authorization of 6 months may be granted for induction therapy for relieving dysphagia in combination with ipilimumab or chemotherapy for members planned for esophagectomy.

Extranodal NK/T-Cell Lymphoma[2]

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

Endometrial Carcinoma[2]

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

Vulvar Cancer[2]

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

Gastric Cancer[1,2]

Authorization of 6 months may be granted for treatment of gastric cancer in any of the following settings:

- When the requested medication is being used in members who are not surgical candidates or have unresectable, recurrent, or metastatic disease, when the requested medication will be used in combination with ipilimumab or chemotherapy.
- When the requested medication will be used as a single agent or in combination with ipilimumab for neoadjuvant or perioperative treatment of gastric adenocarcinoma if tumor is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) and member is medically fit for surgery.
- When the requested medication will be used in combination with ipilimumab or chemotherapy in members with early stage microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors and completed endoscopic resection.
- When the requested medication will be used in combination with chemotherapy in members with early stage HER-2 overexpression negative disease and completed endoscopic resection.

Small Cell Lung Cancer[2]

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

Cervical Cancer[2]

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

Pediatric Diffuse High-Grade Gliomas[2]

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

Pediatric Primary Mediastinal Large B-Cell Lymphoma[2]

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

Kaposi Sarcoma[2]

Authorization of 6 months may be granted as a single agent or in combination with ipilimumab for subsequent treatment of relapsed/refractory classic Kaposi Sarcoma.

Bone Cancer[2]

Authorization of 6 months may be granted in combination with ipilimumab for unresectable or metastatic disease when all of the following are met:

Disease has tumor mutation burden-high (TMB-H) [≥10 mutations/megabase (mut/Mb)] tumors
Disease has progressed following prior treatment and has no satisfactory alternative treatment options

Biliary Tract Cancers (Cholangiocarcinoma and Gallbladder Cancer)[2]

- Authorization of 6 months may be granted treatment in combination with ipilimumab for treatment of unresectable or resected gross residual (R2) disease, or metastatic disease that is tumor mutation burden-high (TMB-H).
- Authorization of 6 months may be granted in combination with ipilimumab for neoadjuvant treatment of resectable locoregionally advanced gallbladder cancer that is tumor mutation burden-high (TMB-H).

Soft Tissue Sarcoma[2]

Authorization of 6 months may be granted for treatment of soft tissue sarcoma in the following settings:

The requested medication will be used as a single agent or in combination with ipilimumab for treatment of extremity/body wall sarcomas, head/neck sarcomas and retroperitoneal/intra-abdominal sarcomas and rhabdomyosarcoma.
The requested medication will be used in combination with ipilimumab for the treatment of angiosarcoma.

Anaplastic Thyroid Carcinoma[2]

Authorization of 6 months may be granted as a single agent for treatment of stage IVC anaplastic thyroid carcinoma.

Histologic (Richter) transformation to diffuse large B-cell lymphoma[2]

Authorization of 6 months may be granted for treatment of Histologic (Richter) transformation to diffuse large B-cell lymphoma as a single agent or in combination ibrutinib.

Vaginal Cancer[2]

Authorization of 6 months may be granted as subsequent therapy for recurrent or metastatic vaginal cancer when the requested medication will be used as a single agent.

Squamous Cell Skin Cancer[2]

Authorization of 6 months may be granted as a single agent for treatment of locally advanced, unresectable, inoperable, incompletely resected, recurrent or metastatic squamous cell carcinoma when curative surgery and curative radiation are not feasible.

Continuation of Therapy

Adjuvant treatment of melanoma

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

Urothelial carcinoma

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

Authorization of 6 months may be granted (up to 24 months total) for continued treatment in members requesting reauthorization for urothelial carcinoma when the requested medication is used in combination with gemcitabine and cisplatin for up to 6 cycles followed by nivolumab maintenance therapy when the member has not experienced disease progression or an unacceptable toxicity.

Non-small cell lung cancer or 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 (NSCLC) or 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 resectable NSCLC will be approved for a total of 3 months of therapy (up to 3 cycles) when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.
- Authorization of 6 months may be granted for neoadjuvant treatment of resectable NSCLC (up to 4 cycles in combination with chemotherapy, followed by single agent adjuvant treatment up to 13

cycles) when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

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.

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:

- Esophageal squamous cell carcinoma in combination with ipilimumab or chemotherapy for up to 24 months
- Unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma as a single agent until disease progression or unacceptable toxicity
- Adjuvant treatment of resected esophageal or esophagogastric junction cancer as a single agent for up to 12 months
- Gastric cancer, esophagogastric junction cancer, and esophageal adenocarcinoma in combination with chemotherapy for up to 24 months
- Gastric cancer in members who have completed endoscopic resection for up to 24 months

Biliary Tract Cancer (in combination with ipilimumab)

Authorization of 6 months may be granted (for 2 to 6 months total for neoadjuvant treatment, and for up 24 months total for other clinical settings) for continued treatment in members requesting reauthorization for biliary tract cancer when the requested medication is being used in combination with ipilimumab and when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Squamous Cell Skin Cancer

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

All other indications

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

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Section 3: Oncology Clinical Policy

PURPOSE

The purpose of this policy is to define the Novologix NCCN® Regimen Prior Authorization Program.

SCOPE

This policy applies to clients who have implemented the Novologix NCCN® Program as a part of their medical and/or pharmacy prior authorization solution.

PROGRAM DESCRIPTION

The National Comprehensive Care Network® (NCCN®) is an alliance of leading cancer centers devoted to patient care, research and education dedicated to improving the quality, effectiveness, and efficiency of cancer care so patients can live better lives.[1] It is comprised of oncology experts who convene regularly to establish the best treatments for patients. NCCN develops various resources for use by stakeholders in the health care delivery system. These resources include, but are not limited to, the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the NCCN Drugs & Biologics Compendium (NCCN Compendium®) and the NCCN Chemotherapy Order Templates (NCCN Templates®).

NCCN Templates® are based on NCCN Guidelines® and NCCN Compendium®. The NCCN Compendium lists the appropriate drugs and biologics as treatment options for specific cancers using U.S. Food and Drug Administration (FDA)-approved disease indications and specific NCCN panel recommendations. Each recommendation is supported by a level of evidence category.

NCCN Categories of Evidence and Consensus[2]

- Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
- Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

POLICY

Policy for Regimen Prior Authorization

A regimen prior authorization allows submission of a single prior authorization request for all oncology drugs or biologics within an NCCN template that require prior authorization.

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PROCEDURE

This policy provides coverage of a regimen review when all of the following criteria are met:
1. Regimen prior authorization reviews, based on NCCN templates, are initiated through the provider portal.
- If the prior authorization request is submitted via phone or fax, each drug or biologic will need to be submitted and reviewed as a separate prior authorization request for review with drug-specific criteria.

2. The prior authorization review is requested for an oncology drug or biologic.
3. The member is eligible for regimen review.
4. The indication is for a cancer that is eligible for regimen review. Currently, the cancer types in scope for regimen review include the following:
- Ampullary Adenocarcinoma
- Anal Carcinoma
- B-Cell Lymphomas
- Basal Cell Skin Cancer
- Biliary Tract Cancers
- Bone Cancer
- Breast Cancer
- Bladder Cancer
- Central Nervous System Cancers
- Cervical Cancer
- Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma
- Chronic Myeloid leukemia
- Colon Cancer
- Dermatofibrosarcoma Protuberans
- Esophageal Cancer
- Gastric Cancer
- Gastrointestinal Stromal Tumors
- Gestational Trophoblastic Neoplasms
- Hairy Cell Leukemia
- Head and Neck Cancers
- Histiocytic Neoplasms
- Hodgkin Lymphoma
- Hepatocellular Carcinoma
- Kaposi Sarcoma
- Kidney Cancer
- Melanoma: Cutaneous
- Melanoma: Uveal
- Merkel Cell Carcinoma
- Mesothelioma: Peritoneal
- Mesothelioma: Pleural
- Multiple Myeloma

- Myelodysplastic Syndromes
- Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions
- Myeloproliferative Neoplasms
- Neuroendocrine and Adrenal Tumors
- Non-Small Cell Lung Cancer
- Occult Primary
- Ovarian Cancer
- Pancreatic Cancer
- Penile Cancer
- Primary Cutaneous Lymphomas
- Prostate Cancer
- Rectal Cancer
- Small Bowl Adenocarcinoma
- Small Cell Lung Cancer
- Soft Tissue Sarcoma
- Squamous Cell Skin Cancer
- Systemic Mastocytosis
- Systemic Light Chain Amyloidosis
- T-Cell Lymphomas
- Testicular Cancer
- Thymomas and Thymic Carcinomas
- Thyroid Carcinoma
- Uterine Neoplasms
- Vaginal Cancer
- Vulvar Cancer
- Waldenström Macroglobulinemia / Lymphoplasmacytic Lymphoma
- Wilms Tumor (Nephroblastoma)

In addition, the following criteria must be met for approval:

1. The requested regimen for the drug(s) or biologic(s) and indication is consistent with an NCCN recommendation with a level of evidence category of 1 or 2A.
2. The NCCN template must be accepted by the provider without modification.

Further review may be indicated when the above criteria are not met.

Authorizations may be granted for 12 months or as medically required, based on the member's condition and provider's assessment.

Supportive Care: Myeloid Growth Factor Therapy

Granulocyte colony stimulating factors are recommended for primary prophylaxis based on the febrile neutropenia risk of the chemotherapy regimen. Febrile neutropenia risk levels vary by NCCN Chemotherapy Order template and are listed at the top of the template. Regimens associated with a high or intermediate risk of febrile neutropenia may include a granulocyte colony stimulating factor as part of the prior authorization.

Continuation of Therapy
To submit a request for continuation of therapy, a new regimen prior authorization review must be requested. Upon template selection, the template must be modified to include the appropriate therapies being used for maintenance treatment. The regimen request will be submitted for further review.

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

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SECTION 3

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2. National Comprehensive Cancer Network. NCCN Categories of Evidence and Consensus website, https://www.nccn.org/guidelines/guidelines-process/development-and-update-of-guidelines, accessed September 9, 2024.
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