# Opdivo® / Opdivo Qvantig™

**Generic Name:** Nivolumab / nivolumab and hyaluronidase-nvhy, subcutaneous

**Therapeutic Class or Brand Name:** Opdivo / Opdivo Qvantig

**Applicable Drugs (if Therapeutic Class):** N/A

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 4/19/2017

**Date Last Reviewed / Revised:** 2/24/2025

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I though V are met)

I. Documented diagnosis of one of the following conditions A through K AND must meet criteria listed under applicable diagnosis:

FDA-Approved Indications(s)

A. Melanoma and meets one of the following criteria (1 OR 2):
   1. Unresectable or metastatic melanoma
      a) Opdivo will be used as a single agent or in combination with Yervoy (ipilimumab).
   2. Completely resected stage IIB, stage IIC, stage III, or stage IV melanoma
      a) Opdivo will be used for adjuvant treatment
   3. Minimum age requirement: 12 years old and older

B. Non-small cell lung cancer (NSCLC) and meets one of the following criteria 1, 2, OR 3:
   1. Resectable (tumors ≥4 cm or node positive) NCSLC and meets criteria a OR b:
      a) Used for neoadjuvant treatment in combination with platinum-doublet chemotherapy.
      b) Documentation that there are no known EGFR mutations or ALK rearrangements
         (1) Used for neoadjuvant treatment in combination with platinum-doublet chemotherapy, followed by single-agent Opdivo for adjuvant treatment after surgery.
   2. Metastatic NSCLC and meets one of the following criteria a OR b:
      a) Documentation the cancer expresses PD-L1 (≥1%) as determined by an FDA-approved test.

(1) Documentation that there are no EGFR or ALK genomic tumor aberrations.
(2) Used as first-line treatment in combination with Yervoy (ipilimumab).

b) Documentation of progression on or after platinum-based chemotherapy.
(1) If EGFR or ALK genomic aberrations are present, then documentation of disease progression on FDA-approved therapy for these aberrations.
(2) Opdivo will be used as a single agent.

3. Metastatic or recurrent NSCLC
   a) Documentation that there are no EGFR or ALK genomic aberrations.
   b) Used as first-line treatment in combination with ipilimumab and 2 cycles of platinum-doublet chemotherapy.

C. Malignant pleural mesothelioma
   1. Documentation the cancer is unresectable.
   2. Opdivo will be used as a first line treatment in combination with ipilimumab Yervoy (ipilimumab).

D. Renal cell carcinoma (RCC)
   1. Documentation of unresectable, metastatic, or relapsed RCC and one of the following criteria are met (a, b, OR c):
      a) Documentation of disease progression on or after prior anti-angiogenic therapy and will be used as a single agent.
      b) Opdivo will be used in combination with Cometriq (cabozantinib) for first-line treatment.
      c) Documentation disease is intermediate or poor risk:
         (1) Opdivo will be used in combination with Yervoy (ipilimumab) for first-line treatment.

E. Classical Hodgkin lymphoma
   1. Documentation that disease has relapsed or progressed after autologous hematopoietic stem cell transplantation (HSCT) and Adcetris (brentuximab vedotin) or 3 other lines of systemic chemotherapy that includes HSCT.
   2. Opdivo will be used as a single agent.

F. Squamous cell carcinoma of the head and neck (SCCHN)
   1. Documentation of metastatic or recurrent SCCHN.

2. Documentation that disease has progressed on or after a platinum-based therapy.
3. Opdivo will be used as a single agent.

G. Urothelial carcinoma (UC) and one of the following criteria are met (1, 2, OR 3):
   1. The patient has undergone radical resection of urothelial carcinoma and is at high risk of recurrence.
      a) Opdivo will be used as adjuvant treatment as a single agent.
   2. Unresectable or metastatic UC
      a) Opdivo will be used first line in combination with cisplatin and gemcitabine for up to 6 cycles and then be used as a single agent.
   3. Locally advanced or metastatic UC and meets criteria a OR b:
      a) Documentation of disease progression during or following platinum-containing chemotherapy and Opdivo will be used as a single agent.
      b) Documentation of disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy and Opdivo will be used as a single agent.

H. Colorectal cancer
   1. Documentation of microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer.
   2. Documentation that disease has progressed following treatment with fluoropyrimidine, oxaliplatin and irinotecan.
   3. Opdivo will be used as a single agent or in combination with Yervoy (ipilimumab).
   4. Minimum age requirement: 12 years old and older.

I. Hepatocellular carcinoma
   1. Documentation of previous treatment failure or intolerance to sorafenib
   2. Opdivo will be used as a single agent or in combination with Yervoy (ipilimumab).

J. Esophageal Cancer and criteria 1 OR 2 are met:
   1. Completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease
      a) Opdivo will be used as adjuvant treatment.
      b) Documentation of previous neoadjuvant chemoradiotherapy (CRT).
      c) Opdivo will be used as a single agent

2. Unresectable advanced, recurrent, or metastatic esophageal squamous cell carcinoma (ESCC) and one of the following criteria a through c is met:
    a) Previously treated with fluoropyrimidine and platinum-based chemotherapy and Opdivo will be used as a single agent.
    b) Opdivo will be used as first line treatment in combination with fluoropyrimidine- and platinum-containing chemotherapy.
    c) Opdivo will be used as first line treatment in combination with Yervoy (ipilimumab).

K. Gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma
    1. Documentation that cancer is advanced or metastatic.
    2. Opdivo will be used in combination with fluoropyrimidine- and platinum-containing chemotherapy.

Other uses with supportive evidence:

L. Ampullary adenocarcinoma
M. Anal carcinoma
N. B-cell lymphomas
O. Biliary tract cancers – cholangiocarcinoma
P. Biliary tract cancers – gallbladder
Q. Bladder cancer
R. Prostate cancer
S. Bone cancer
T. Central nervous system cancers
U. Cervical Cancer
V. Chronic lymphocytic leukemia
W. Esophageal and esophagogastric cancers
X. Gastric cancer
Y. Gestational trophoblastic neoplasia
Z. Head and neck cancers
AA. Hodgkin lymphoma
BB. Kaposi sarcoma
CC. Kidney Cancer
DD. Melanoma
EE. Merkel cell carcinoma
FF. Peritoneal mesothelioma
GG. Pediatric aggressive mature B-cell lymphomas
HH. Small bowel adenocarcinoma
II. Small cell lung cancer

JJ. Soft tissue sarcoma
KK. T-cell lymphomas
LL. Thyroid carcinoma
MM. Uterine cancer
NN. Vaginal cancer
OO. Vulvar cancer

II. Minimum age requirement: 18 years old, unless noted under FDA approved diagnosis criteria.

III. Treatment must be prescribed by or in consultation with an oncologist or a hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- Prior treatment with a programmed death receptor-1 (PD-1)-blocking antibody or a programmed death-ligand 1 (PD-L1) blocking antibody (i.e. Bavencio [avelumab], Imfinzi [durvalumab], Keytruda [pembrolizumab], Opdivo [nivolumab], or Tecentriq [atezolizumab]).

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Opdivo Qvantig subcutaneous injection
  - May be substituted for Opdivo in all FDA-approved indications listed if:
    - Advanced RCC: used as a single agent or in combination with Cabometyx (cabozantinib)
    - Other indications: not used in combination with Yervoy (ipilimumab)
  - Frequency and treatment duration: see Opdivo indications below.
  - Dose conversion:
    - If every 2 weeks: 600 mg nivolumab and 10,000 units hyaluronidase
    - If every 3 weeks: 900 mg nivolumab and 15,000 units hyaluronidase

        - If every 4 weeks: 1,200 mg nivolumab and 20,000 units hyaluronidase
- Opdivo:
    - Melanoma, unresectable or metastatic:
        - Age ≥ 12 years and older and weighing 40 kg or more:
            - 240 mg every 2 weeks, or 480 every 4 weeks
            - 1 mg/kg every 3 weeks with Yervoy (ipilimumab) for maximum 4 doses, then 240 mg every 2 weeks, or 480 every 4 weeks.
        - Pediatric patients aged 12 years and older and weighing < 40kg:
            - 3 mg/kg every 2 weeks or 6 mg/kg every 4 weeks
        - Treatment duration: until disease progression or unacceptable toxicity
    - Melanoma, adjuvant treatment:
        - Age ≥ 12 years and older and weighing 40 kg or more:
            - 240 mg every 2 weeks or 480 mg every 4 weeks
        - Age ≥ 12 years and older and weighing < 40 kg:
            - 3 mg/kg every 2 weeks or 6 mg/kg every 4 weeks
        - Maximum adjuvant treatment duration: 1 year
    - Non-small cell lung cancer:
        - Neoadjuvant treatment for resectable NSCLC:
            - 360mg every 3 weeks with platinum-doublet chemotherapy on the same day every 3 weeks for 3-4 cycles
        - Adjuvant treatment
            - 480 mg every 4 weeks after surgery
                - Maximum treatment duration: 13 cycles
        - Metastatic
            - 360 mg every 3 weeks with ipilimumab 1 mg/kg every 6 weeks +/- 2 cycles of chemotherapy
                - Maximum treatment duration: 2 years
            - 240 mg every 2 weeks or 480 mg every 4 weeks
                - Maximum treatment duration: until disease progression or unacceptable toxicity

    - Malignant pleural mesothelioma:

- 360 mg every 3 weeks with Yervoy (ipilimumab) 1 mg/kg every 6 weeks.
  - Maximum treatment duration: 2 years

- Advanced Renal Cell Carcinoma:
  - 240 mg every 2 weeks or 480 mg every 4 weeks
    - Maximum treatment duration: until disease progression or unacceptable toxicity
  - Opdivo 3 mg/kg, followed by Yervoy (ipilimumab) 1mg/kg on the same day, every 3 weeks for 4 doses, then Opdivo 240 mg every 2 weeks, or 480 every 4 weeks
    - Maximum treatment duration: until disease progression or unacceptable toxicity
  - In combination with Cometriq (cabozantinib): Opdivo 240 mg every 2 weeks, or 480 every 4 weeks
    - Maximum treatment duration: 2 years for Opdivo.
- Classical Hodgkin lymphoma
  - 240 mg every 2 weeks or 480 mg every 4 weeks
    - Maximum treatment duration: until disease progression or unacceptable toxicity
- Squamous cell carcinoma of head and neck:
  - 240 mg every 2 weeks or 480 mg every 4 weeks
    - Maximum treatment duration: until disease progression or unacceptable toxicity
- Urothelial carcinoma:
  - Adjuvant
    - 240 mg every 2 weeks or 480 mg every 4 weeks
      - Maximum treatment duration: 1 year
  - First-line unresectable or metastatic
    - 360 mg every 3 weeks in combination with cisplatin and gemcitabine on the same day for up to 6 cycles, then 240 mg every 2 weeks or 480 mg every 4 weeks as a single agent
      - Maximum treatment duration: up to 2 years
  - Locally advanced or metastatic
    - 240 mg every 2 weeks or 480 mg every 4 weeks

- Maximum treatment duration: until disease progression or unacceptable toxicity

- Colorectal cancer, metastatic, microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR):
  - Monotherapy
    - Adult and pediatric patients 12 years old and older ≥40 kg: 240 mg every 2 weeks or 480 mg every 4 weeks.
    - Pediatric patients 12 years old and older <40 kg: 3 mg/kg every 2 weeks.
    - Maximum treatment duration: until disease progression or unacceptable toxicity
  - In combination with Yervoy (ipilimumab)
    - Adult and pediatric patients 12 years old and older < 40 kg and ≥40 kg: Opdivo 3mg/kg every 3 weeks with Yervoy 1mg/kg for 4 doses followed by Opdivo as a single agent
      - Adult and pediatric patients 12 years old and older ≥40 kg: 240 mg every 2 weeks or 480 mg every 4 weeks
      - Pediatric patients aged 12 years and older <40 kg: 3mg/kg every 2 weeks
    - Maximum treatment duration: until disease progression or unacceptable toxicity
- Hepatocellular carcinoma:
  - Opdivo 1 mg/kg followed by Yervoy (ipilimumab) 3 mg/kg on the same day every 3 weeks for 4 doses, then 240 mg every 2 weeks or 480 mg every 4 weeks.
    - Maximum treatment duration: until disease progression or unacceptable toxicity
- Esophageal or gastroesophageal junction cancer (adjuvant treatment):
  - 240 mg every 2 weeks or 480 mg every 4 weeks
    - Maximum treatment duration: 1 year
- Esophageal squamous cell carcinoma (unresectable advanced, recurrent, or metastatic):
  - 240 mg every 2 weeks or 480 mg every 4 weeks in combination with chemotherapy regimen of fluoropyrimidine- and platinum-containing chemotherapy
    - Maximum treatment duration: 2 years

- 3mg/kg every 2 weeks or 360mg every 3 weeks with ipilimumab 1mg/kg every 6 weeks
  - Maximum treatment duration: 2 years
- 240 mg every 2 weeks or 480 mg every 4 weeks
  - Maximum treatment duration: until disease progression or unacceptable toxicity

o Gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma:

- 240 mg every 2 weeks with fluoropyrimidine- and platinum-containing chemotherapy every 2 weeks
- 360mg every 3 weeks with fluoropyrimidine- and platinum-containing chemotherapy every 3 weeks
- Maximum treatment duration: up to 2 years

## APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and does not show evidence of progressive disease.

## APPENDIX

N/A

## REFERENCES

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