

Opdivo® (nivolumab) (Intravenous)

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I. Length of Authorization $\triangle 1,43,49,50,52,54,65,68,72,82$

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

- Use in the treatment of Classical Hodgkin Lymphoma:
 - In combination with brentuximab vedotin can be authorized up to a maximum of 12 weeks of therapy (4 doses) and may NOT be renewed.
 - In combination with ICE (ifosfamide, carboplatin, etoposide) can be authorized up to a maximum of 6 weeks of therapy (2 doses) and may NOT be renewed.
- Neoadjuvant treatment of Merkel Cell Carcinoma can be authorized up to a maximum of two (2) doses and may NOT be renewed.
- Neoadjuvant treatment of NSCLC in combination with platinum-doublet chemotherapy may be authorized for a maximum of three (3) doses and may NOT be renewed.
- Adjuvant treatment of Cutaneous Melanoma in combination with ipilimumab may be authorized for a maximum of four (4) doses and may NOT be renewed.
- Adjuvant treatment of the following indications may be renewed up to a maximum of one (1) year of therapy*:
 - Cutaneous Melanoma (single agent)
 - Esophageal and Esophagogastric/Gastroesophageal Junction Cancer
 - Urothelial Carcinoma
- The following indications may be renewed up to a maximum of two (2) years of therapy*:
 - Biliary Tract Cancer
 - Bone Cancer
 - Cervical Cancer



- Esophageal Cancer (in combination with fluoropyrimidine- and platinum-containing chemotherapy OR ipilimumab)
- Esophagogastric/Gastroesophageal Junction Cancer (in combination with fluoropyrimidine- and platinum-containing chemotherapy)
- Gastric Cancer
- Kaposi Sarcoma
- Renal Cell Carcinoma (in combination with cabozantinib)
- Malignant Pleural Mesothelioma (initial therapy in combination with ipilimumab)
- Malignant Peritoneal Mesothelioma (initial therapy in combination with ipilimumab)
- Non-Small Cell Lung Cancer (in combination with ipilimumab with or without platinum-doublet chemotherapy)
- Vulvar Cancer

*Note: The maximum number of doses is dependent on the dosing frequency and duration of therapy. Refer to Section V for exact dosage.				
Dosing Frequency Maximum length of therapy Maximum number of doses				
2 weeks	1 year	26 doses		
2 weeks	2 years	52 doses		
3 weeks	2 years	35 doses		
4	1 year	13 doses		
4 weeks	2 years	26 doses		

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Opdivo 40 mg/4 mL single-dose vial: 2 vials per 14 days
- Opdivo 100 mg/10 mL single-dose vial: 3 vials per 14 days
- Opdivo 120 mg/12 mL single-dose vial: 3 vials per 14 days
- Opdivo 240 mg/24 mL single-dose vial: 4 vials per 14 days

B. Max Units (per dose and over time) [HCPCS Unit]:

Indication	Billable Units (BU)	Per unit time (days)
CNS Cancer, HCC, Cutaneous Melanoma, Uveal Melanoma, & MCC	120 BU	21 days
Anal Cancer, Biliary Tract Cancer, Bladder Cancer, Bone Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, GEJ Cancer, Gastric, GTN, SCCHN, HCC, cHL, Kaposi Sarcoma, RCC, MPM, MPeM, Cutaneous Melanoma, MCC, NSCLC, SBA, STS, Vulvar Cancer, & Cervical Cancer	240 BU	14 days
Ampullary Adenocarcinoma, Anal Cancer, CNS Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, MPM, MPeM, Uveal Melanoma, MCC, Cutaneous Melanoma, PMBCL, SBA, SCLC, & Endometrial Carcinoma	340 BU	14 days



Ampullary Adenocarcinoma, CRC, Appendiceal Adenocarcinoma, cHL, RCC, & SBA	340 BU	21 days
Esophageal Cancer, GEJ Cancer, Gastric Cancer, MPM, MPeM, & NSCLC	360 BU	21 days
Anal Cancer, Bladder Cancer, Bone Cancer, CRC, Appendiceal Adenocarcinoma, Esophageal Cancer, GEJ Cancer, GTN, SCCHN, HCC, cHL, RCC, Cutaneous Melanoma, NSCLC, SBA, STS, & Endometrial Carcinoma	480 BU	28 days
Uveal Melanoma	1140 BU	14 days
Extranodal NK/ T-Cell Lymphoma	40 BU	14 days

Initial Approval Criteria ¹ III.

Coverage is provided for the following conditions:

Patient is at least 18 years of age (unless otherwise specified); AND

Universal Criteria

Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, pembrolizumab, atezolizumab, durvalumab, dostarlimab, nivolumab/relatlimab-rmbw, retifanlimab, etc.), unless otherwise specified 4; AND

Ampullary Adenocarcinoma ‡ 2

- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test . AND
- Used in combination with ipilimumab; AND
 - Used as first-line therapy for unresectable or metastatic intestinal type disease; **OR**
 - Used as subsequent therapy for disease progression

Anal Carcinoma ‡ 2,6,35

- Patient has metastatic squamous cell disease; AND
- Used as a single agent for subsequent therapy

Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma) ‡ 2,72

- Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test . AND
- Used as subsequent treatment for progression on or after systemic treatment for unresectable, resected gross residual (R2), or metastatic disease; AND
- Used in combination with ipilimumab

Urothelial Carcinoma (Bladder Cancer) † ±1,2,30,51,62

Used as a single agent; **AND**



- Used for disease that progressed during or following platinum-containing chemotherapy* OR as second-line treatment after chemotherapy other than a platinum;
 AND
 - Patient has one of the following diagnoses:
 - Locally advanced or metastatic urothelial carcinoma †
 - Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder
 - Metastatic or local bladder cancer recurrence post-cystectomy
 - Recurrent or metastatic primary carcinoma of the urethra; AND
 - ➤ Patient does not have recurrence of stage T3-4 disease or palpable inguinal lymph nodes
 - Metastatic upper genitourinary (GU) tract tumors
 - Metastatic urothelial carcinoma of the prostate; OR
- Used as adjuvant therapy †; AND
 - Patient has urothelial carcinoma of the bladder, bulbar urethra, prostate with stromal invasion, ureter, or renal pelvis; AND
 - Patient underwent radical surgical resection; AND
 - Patient is at high risk for disease recurrence**

* Note: 10,51,60,70

- If patient was progression free for >12 months after platinum therapy, consider re-treatment with platinum-based therapy if the patient is still platinum eligible (see below for cisplatin- or platinumineligible comorbidities).
 - Cisplatin-ineligible comorbidities may include the following: CrCl < 60 mL/min, ECOG PS ≥ 2 or KPS ≤ 70%, hearing loss of ≥ 25 decibels (dB) at two contiguous frequencies, grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class ≥ 3. Carboplatin may be substituted for cisplatin particularly in those patients with a CrCl <60 mL/min or a PS of 2.</p>
 - Platinum-ineligible comorbidities may include the following: CrCl < 30 mL/min, ECOG PS ≥ 3, grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class > 3, etc.

** Note: 1,62

- High risk for disease recurrence is defined as:
 - ypT2-ypT4a or ypN+ for patients who received neoadjuvant cisplatin (excluding prostate with stromal invasion); **OR**
 - pT3-pT4a or pN+ for patients who did not receive neoadjuvant cisplatin and are also ineligible for or refused adjuvant cisplatin therapy (excluding ureter or renal pelvis)

Bone Cancers ‡ 2,72

• Patient has one of the following: Ewing Sarcoma, Chondrosarcoma (excluding mesenchymal chondrosarcoma), Osteosarcoma, or Chordoma; AND



- Patient has tumor mutation burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test�; **AND**
- Used in combination with ipilimumab; AND
- Patient has unresectable or metastatic disease that progressed following prior treatment;
 AND
- Patient has no satisfactory alternative treatment options

Adult Central Nervous System (CNS) Cancers ‡ 2,5,34,41,42

- Used in one of the following treatment settings:
 - Used as initial treatment in patients with small asymptomatic brain metastases
 - Used for relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options
 - Patient has recurrent limited brain metastases
 - Used for recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options; AND
 - Used as a single-agent or in combination with ipilimumab for the treatment of brain metastases in patients with BRAF non-specific melanoma; OR
 - Used as a single-agent for the treatment of brain metastases in patients with PD-L1 positive non-small cell lung cancer (NSCLC)

Pediatric Central Nervous System (CNS) Cancers ‡ 2,71

- Patient is ≤ 18 years of age; **AND**
- Patient has hypermutated diffuse high-grade glioma; AND
 - Used for recurrent or progressive disease as a single agent (excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant); OR
 - Used as adjuvant therapy (excluding diffuse midline glioma, H3 K27-altered or pontine location); AND
 - Patient is < 3 years of age and used as a single agent; OR
 - Patient is ≥ 3 years of age and used following standard brain radiation therapy (RT) with or without concurrent temozolomide

Cervical Cancer ‡ 2,49,63

- Used as subsequent therapy as a single agent; AND
- Patient has recurrent or metastatic disease; AND
- Tumor expresses PD-L1 (e.g., CPS ≥1) as determined by an FDA-approved or CLIA-compliant test❖

Colorectal Cancer (CRC) † ‡ 1,2,31,32

Patient is at least 12 years of age; AND



- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test*; AND
- Used as a single agent or in combination with ipilimumab*; AND
 - Used as subsequent therapy; AND
 - Patient has metastatic, unresectable, or medically inoperable disease; OR
 - Used as primary or initial treatment; AND
 - Used for isolated pelvic/anastomotic recurrence of rectal cancer; OR
 - Patient has T3, N Any; T1-2, N1-2; T4, N Any rectal cancer; OR
 - Patient has metastatic, unresectable, or medically inoperable disease; OR
 - Used as neoadjuvant therapy; AND
 - Patient has clinical T4b <u>colon</u> cancer; **OR**
 - Patent has resectable liver and/or lung metastases; OR
 - Patient has T3, N Any; T1-2, N1-2; T4, N Any, locally unresectable, or medically inoperable <u>rectal</u> cancer (single agent therapy ONLY)

Appendiceal Adenocarcinoma – Colon Cancer ‡ 2

- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test*; AND
- Used as a single agent or in combination with ipilimumab*; AND
- Used for advanced or metastatic disease; AND
 - Used as primary or initial treatment; **OR**
 - Used as subsequent therapy

Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers † ‡ Ф 1,2,44,52,56,69

- Used as first-line therapy; **AND**
 - o Patient has esophageal squamous cell carcinoma (ESCC) †; AND
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; AND
 - > Used in combination with ipilimumab; **OR**
 - ➤ Used in combination with fluoropyrimidine- and platinum-containing chemotherapy; **OR**
 - Patient has adenocarcinoma; AND
 - Patient is not a surgical candidate or has unresectable, advanced, recurrent, or metastatic disease; AND
 - Used in combination with fluoropyrimidine- and platinum-containing chemotherapy;
 OR



^{*} Single agent nivolumab should be used in patients who are not candidates for intensive therapy.

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- Used as subsequent therapy; AND
 - o Patient has <u>esophageal</u> squamous cell carcinoma (ESCC) **†**; **AND**
 - Patient is not a surgical candidate or has unresectable advanced, recurrent, or metastatic disease; AND
 - o Used as a single agent; OR
- Used as adjuvant treatment of completely resected disease †; AND
 - Used as a single agent in patients with residual disease following neoadjuvant chemoradiotherapy (CRT)

Gastric Cancer † ‡ Φ 1,2,53,56

- Patient is not a surgical candidate or has unresectable, advanced, recurrent, or metastatic disease; AND
- Used as first-line therapy in combination with fluoropyrimidine- and platinum-containing chemotherapy

Gestational Trophoblastic Neoplasia ‡ 2,36

- Used as single-agent therapy for multiagent chemotherapy-resistant disease; AND
 - Patient has intermediate placental site trophoblastic tumor (PSTT) or epithelioid trophoblastic tumor (ETT); AND
 - Patient has recurrent or progressive disease; OR
 - o Patient has high risk disease (i.e., ≥7 Prognostic score or stage IV disease)

Squamous Cell Carcinoma of the Head and Neck (SCCHN) † ‡ 1,2,29,78

- Patient has Cancer of the Nasopharynx; AND
 - Used in combination with cisplatin and gemcitabine for oligometastatic or metastatic disease; OR
- Patient has Very Advanced Head and Neck Cancer*; AND
 - o Patient has nasopharyngeal cancer; AND
 - Used in combination with cisplatin and gemcitabine for patients with performance status (PS) 0-1; AND
 - Used for one of the following:
 - Unresectable locoregional recurrence with prior radiation therapy (RT)
 - Unresectable second primary with prior RT
 - Unresectable persistent disease with prior RT
 - Recurrent/persistent disease with distant metastases; OR
 - o Patient has NON-nasopharyngeal cancer; **AND**
 - Used as a single agent; AND
 - Patient has unresectable, recurrent, persistent, or metastatic disease; AND



- Disease has progressed on or after platinum-containing chemotherapy; OR
- Used in combination with cetuximab for patients with performance status (PS) 0-1;
 AND
 - Used for one of the following:
 - Metastatic disease at initial presentation
 - Recurrent/persistent disease with distant metastases
 - > Unresectable locoregional recurrence with prior RT
 - Unresectable second primary with prior RT
 - Unresectable persistent disease with prior RT

Hepatocellular Carcinoma (HCC) † ‡ Φ 1,2,21,72

- Used for one of the following:
 - Patient was previously treated with sorafenib (in combination with ipilimumab ONLY) †
 - Patient has unresectable disease and is not a transplant candidate
 - Patient has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic-disease
 - Patient has metastatic disease or extensive liver tumor burden; AND
 - Used in combination with ipilimumab; AND
 - Patient has Child-Pugh Class A hepatic impairment; AND
 - Used as subsequent therapy for progressive disease; OR
 - Used as a single agent; AND
 - Patient has Child-Pugh Class B hepatic impairment

Adult Classical Hodgkin Lymphoma (cHL) † ‡ Φ 1,2,27,28,73

- Used as a single agent; **AND**
 - Patient has relapsed or progressive disease after autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin; OR
 - Used for disease that is refractory to at least 3 prior lines of therapy OR as palliative therapy in patients > 60 years of age; AND
 - Patient has relapsed or progressive disease after autologous HSCT; OR
 - Patient has relapsed or refractory disease and is transplant-ineligible based on comorbidities or failure of second-line chemotherapy; OR
 - Patient is post-allogeneic transplant; OR



^{*} Very Advanced Head and Neck Cancer includes: newly diagnosed locally advanced T4b (M0) disease, newly diagnosed unresectable nodal disease, metastatic disease at initial presentation (M1), or recurrent or persistent disease.

- Used in combination with brentuximab vedotin or ICE (ifosfamide, carboplatin, etoposide);
 AND
 - Used as subsequent therapy (if not previously used) for relapsed or refractory disease;
 AND
 - Patient has relapsed or progressive disease after autologous HSCT; OR
 - Patient has relapsed or refractory disease and is transplant-ineligible based on comorbidities or failure of second-line chemotherapy; OR
 - Patient is post-allogeneic transplant

Pediatric Classical Hodgkin Lymphoma (cHL) ‡ 2,27,28

- Patient is ≤ 18 years of age*; **AND**
- Patient has relapsed or refractory disease; AND
- Used in patients heavily pretreated with platinum or anthracycline-based chemotherapy or if a decrease in cardiac function was observed; **AND**
 - Used as subsequent therapy (if not previously used); AND
 - Used as a single agent or in combination with brentuximab vedotin; **OR**
 - Used as re-induction therapy; AND
 - Used in combination with brentuximab vedotin; OR
 - Used in combination with brentuximab vedotin and radiation therapy (ISRT) in highly favorable patients who may avoid autologous stem cell rescue (ASCR) (i.e., initial stage other than IIIB or IVB, no prior exposure to RT, duration of CR1 >1 year, absence of extranodal disease or B symptoms at relapse)

Kaposi Sarcoma ‡ 2,79

- Used in combination with ipilimumab as subsequent therapy; AND
- Patient has classic disease; AND
- Used for relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; AND
- Disease has progressed on or not responded to first-line therapy; AND
- Disease has progressed on alternate first-line therapy

Renal Cell Carcinoma (RCC) † ‡ 1,2,25,26

- Used in combination with ipilimumab; AND
 - o Patient has clear cell histology; **AND**
 - Used as first-line therapy in patients with poor or intermediate risk advanced, relapsed, or stage IV disease; OR
 - Used as first-line therapy in patients with favorable risk relapsed or stage IV disease; OR



^{*} Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.

- Used as subsequent therapy in patients with relapsed or stage IV disease ^A; OR
- Used as a single agent; AND
 - Used as subsequent therapy in patients with advanced, relapsed, or stage IV disease and clear cell histology; OR
 - o Patient has relapsed or stage IV disease and non-clear cell histology; **OR**
- Used in combination with cabozantinib (Cabometyx only); AND
 - o Patient has clear cell histology; AND
 - Used as first-line therapy for advanced, relapsed, or stage IV disease; OR
 - Used as subsequent therapy in patients with relapsed or stage IV disease ^A; OR
 - Patient has non-clear cell histology; AND
 - Patient has relapsed or stage IV disease

Cutaneous Melanoma † ‡ Φ 1,2,15-18

- Used as first-line therapy for unresectable or metastatic* disease; AND
 - o Patient is at least 12 years of age; AND
 - o Used as a single agent or in combination with ipilimumab; OR
- Used as initial therapy for limited resectable disease; AND
 - o Used as a single agent; AND
 - Patient has stage III disease with clinical satellite/in-transit metastases; OR
 - Patient has local satellite/in-transit recurrence; OR
- Used as subsequent therapy for unresectable or metastatic* disease; AND
 - o Patient is at least 12 years of age; AND
 - Used as re-induction therapy in patients who experienced disease control (i.e., complete or partial response or stable disease) and no residual toxicity from prior anti-PD-1 immunotherapy, but subsequently have disease progression/relapse > 3 months after treatment discontinuation; AND
 - > Used as a single agent or in combination with ipilimumab; **OR**
 - Used after disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); AND
 - ➤ Used as a single agent or in combination with ipilimumab if anti-PD-1 therapy was not previously used; **OR**
 - ➤ Used in combination with ipilimumab for disease progression on single agent anti-PD-1 therapy; **OR**
- Used as adjuvant treatment; AND
 - Used as a single agent; AND
 - Patient is at least 12 years of age; AND



- > Patient has stage IIB, stage IIC, or metastatic disease and has undergone complete resection †; OR
- Patient has stage III disease; AND
 - Patient has undergone complete resection †; **OR**
 - Patient has sentinel node positive disease either during observation without additional nodal surgery and with mandatory radiographic nodal surveillance OR after complete lymph node dissection (CLND); OR
 - Patient has clinically positive node(s) following wide excision of the primary tumor and therapeutic lymph node dissection (TLND) OR following neoadjuvant therapy; OR
 - Patient has clinical satellite/in-transit metastases and has no evidence of disease after complete excision; OR
 - Used following wide excision alone (stage IIIB/C/D disease only); **OR**
 - Used following wide excision with negative sentinel lymph node biopsy or sentinel lymph node biopsy not performed (stage IIIB/C/D disease only);
 OR
- ➤ Patient has local satellite/in-transit recurrence and has NED after complete excision; **OR**
- ➤ Patient has resectable disease limited to nodal recurrence following excision and complete TLND OR following neoadjuvant therapy; **OR**
- ➤ Patient has oligometastatic disease and no evidence of disease following metastasis-directed therapy (i.e., stereotactic ablative therapy or complete resection) or systemic therapy followed by resection; **OR**
- Used in combination with ipilimumab; AND
 - Patient has oligometastatic disease and no evidence of disease following metastasisdirected therapy (i.e., complete resection, stereotactic ablative therapy or T-VEC/intralesional therapy) or systemic therapy followed by resection

Uveal Melanoma ‡ 2,19,20

- Patient has metastatic or unresectable disease; AND
- Used as a single agent or in combination with ipilimumab

Merkel Cell Carcinoma ‡ 2,4,33,65,83

- Used as neoadjuvant treatment for regional, pathologic N+ disease; AND
 - o Used as a single agent; **OR**
- Used for M1 disseminated disease; AND
 - o Used as a single agent; **OR**



^{*}Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, or as well as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease.

- o Used in combination with ipilimumab; AND
 - Patient progressed on anti-PD-L1 or anti-PD-1 therapy OR anti-PD-L1 or anti-PD-1 therapy is contraindicated

Malignant Peritoneal Mesothelioma (MPeM)* ‡ 2,64

- Used as a single agent or in combination with ipilimumab as subsequent therapy (if chemotherapy was administered first-line); **OR**
- Used in combination with ipilimumab as first-line therapy; AND
 - o Patient has unresectable diffuse disease; **OR**
 - Patient has unresectable recurrent benign multicystic or well-differentiated papillary disease

Malignant Pleural Mesothelioma (MPM)* † ‡ Φ 1,2,37,38,47,64

- Used as a single agent or in combination with ipilimumab as subsequent therapy (if chemotherapy was administered first-line); **OR**
- Used in combination with ipilimumab as first-line therapy; AND
 - o Patient has clinical stage IIIB or IV disease; **OR**
 - Patient has sarcomatoid or biphasic histology; OR
 - o Disease is medically inoperable or unresectable; **OR**
 - Patient has stage I-IIIA disease with epithelioid histology and did not receive induction chemotherapy

Non-Small Cell Lung Cancer (NSCLC) † ‡ 1,2,22,23,43,45,46

- Used as neoadjuvant therapy for resectable (tumors ≥ 4 cm or node positive) disease; AND
 - Used in combination with platinum-doublet chemotherapy (e.g., cisplatin/carboplatin in combination with paclitaxel, pemetrexed, or gemcitabine); **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; AND
 - Used as first-line therapy; AND
 - Used for one of the following:
 - Patients with a performance status (PS) 0-1 who have tumors that are negative for actionable molecular biomarkers** and PD-L1 expression <1%
 - Patients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E,



^{*}Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.

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- NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2)
- PD-L1 expression-positive (PD-L1 ≥1%) tumors, as detected by an FDA or CLIA compliant test*, that are negative for actionable molecular biomarkers**;
- > Used in combination with ipilimumab; **OR**
- ➤ Used in combination with ipilimumab and platinum-doublet chemotherapy (e.g., pemetrexed and either carboplatin or cisplatin for nonsquamous cell histology, or paclitaxel and carboplatin for squamous cell histology, etc.); **OR**
- Used as subsequent therapy; AND
 - Used as a single agent; OR
 - Used for one of the following:
 - Patients with a PS 0-1 who are positive for one of the following molecular biomarkers and have received prior targeted therapy§:
 EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I,
 L861Q, and/or G719X, ALK rearrangement, or ROS1 rearrangement
 - Patients with a PS 0-1 who are positive for one of the following molecular biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement; AND
 - > Used in combination with ipilimumab; **OR**
 - ➤ Used in combination with ipilimumab, pemetrexed, and either carboplatin or cisplatin for nonsquamous cell histology; **OR**
 - ➤ Used in combination with ipilimumab, paclitaxel, and carboplatin for squamous cell histology; **OR**
- Used as continuation maintenance therapy in combination with ipilimumab; AND
 - Patient has achieved a response or stable disease following first-line therapy with nivolumab and ipilimumab with or without chemotherapy

*** Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2). If there is insufficient tissue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2), repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.

Pediatric Aggressive Mature B-Cell Lymphomas – Primary Mediastinal Large B-Cell Lymphoma (PMBCL) ‡ 2,74-76

- Patient is ≤ 18 years of age*; **AND**
 - Used in combination with brentuximab vedotin; AND
 - Used as consolidation/additional therapy if a partial response was achieved after therapy for relapsed or refractory disease; OR



Used as a single agent for relapsed or refractory disease

Small Bowel Adenocarcinoma ‡ 2,31,39

- Patient has advanced or metastatic disease that is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) as determined by an FDA-approved or CLIA-compliant test*; AND
- Used as a single agent or in combination with ipilimumab; AND
 - o Used as initial therapy; **OR**
 - Used as subsequent therapy for patients with no prior oxaliplatin exposure in the adjuvant treatment setting and no contraindication to oxaliplatin therapy

Small Cell Lung Cancer (SCLC) ‡ 2,24,61

- Used as subsequent systemic therapy as a single agent; AND
 - Patient has relapsed disease with a complete or partial response or stable disease after primary treatment (excluding use in patients who progressed on maintenance atezolizumab or durvalumab at time of relapse); OR
 - Patient has primary progressive disease

Soft Tissue Sarcoma ‡ 2,72,84

- Extremity/Body Wall, Head/Neck* or Retroperitoneal/Intra-Abdominal**
 - Used as a single agent or in combination with ipilimumab; AND
 - o Used as subsequent therapy; AND
 - Patient has myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), dedifferentiated liposarcoma, cutaneous angiosarcoma, or undifferentiated sarcomas; OR
 - Patient has tumor mutational burden-high (TMB-H) [≥ 10 mutations/megabase (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test*;
 AND
 - ➤ Patient has no satisfactory alternative treatment options; **OR**
- Pleomorphic Rhabdomyosarcoma
 - Used as a single agent or in combination with ipilimumab; AND
 - Used as subsequent therapy; AND
 - Patient has tumor mutational burden-high (TMB-H) ≥ 10 mutations/megabase
 (mut/Mb)] disease as determined by an FDA-approved or CLIA-compliant test♦; AND
 - o Patient has no satisfactory alternative treatment options; **OR**
- Angiosarcoma
 - o Used in combination with ipilimumab



^{*} Pediatric Primary Mediastinal Large B-Cell Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years who are treated in a pediatric oncology setting.

Extranodal NK/T-Cell Lymphomas ‡ 2,40

- Used as a single agent for relapsed or refractory disease; AND
- Used following additional therapy with an alternative asparaginase-based chemotherapy regimen not previously used; AND
- Participation in a clinical trial is unavailable

Endometrial Carcinoma (Uterine Neoplasms) ‡ 2,48

- Used as a single agent; AND
- Used as subsequent therapy for recurrent disease; AND
- Patient has microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) disease as determined by an FDA-approved or CLIA-compliant test.

Vulvar Cancer ‡ 2,49

- Used as a single agent; **AND**
- Patient has adenocarcinoma or squamous cell carcinoma; AND
- Used as subsequent therapy for HPV-related advanced, recurrent, or metastatic disease
- ❖ If confirmed using an FDA approved assay http://www.fda.gov/CompanionDiagnostics
- † FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); **Φ** Orphan Drug

§ Genomic Aberration/Mutational Driver Targeted Therapies				
(Note: not all inclusiv	ve, refer to guidelines j	for appropriate use)		
Sensitizing EGFR mutation-positive tumors	ALK rearrangement- positive tumors	ROS1 rearrangement- positive tumors	BRAF V600E-mutation positive tumors	NTRK1/2/3 gene fusion positive tumors
 Afatinib Erlotinib Dacomitinib Gefitinib Osimertinib Amivantamab (exon-20 insertion) Mobocertinib (exon-20 insertion) 	 Alectinib Brigatinib Ceritinib Crizotinib Lorlatinib 	CeritinibCrizotinibEntrectinibLorlatinib	Dabrafenib ± trametinibVemurafenib	LarotrectinibEntrectinib
PD-L1 tumor expression ≥ 1%	MET exon-14 skipping mutations	RET rearrangement- positive tumors	KRAS G12C mutation positive tumors	ERBB2 (HER2) mutation positive tumors
 Pembrolizumab Atezolizumab Nivolumab + ipilimumab Cemiplimab 	CapmatinibCrizotinibTepotinib	SelpercatinibCabozantinibPralsetinib	SotorasibAdagrasib	 Fam-trastuzumab deruxtecan-nxki Ado-trastuzumab emtansine



^{*}Treat atypical lipomatous tumor/well-differentiated liposarcoma (ALT/WDLS) extremity, abdominal wall, trunk with evidence of de-differentiation as other soft tissue sarcomas.

^{**}Treat well-differentiated liposarcoma (WDLS-retroperitoneum, paratesticular) with or without evidence of dedifferentiation as other soft tissue sarcomas.

- Tremelimumab +		
durvalumab		

IV. Renewal Criteria ^Δ ^{1,2,4-6,15-42,43,49,50,52,54,68,72,82}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such
 as concomitant therapy requirements (not including prerequisite therapy), performance
 status, etc. identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, complications of allogeneic hematopoietic stem cell transplantation (HSCT), severe immune-mediated adverse reactions (i.e., pneumonitis, colitis, hepatitis/hepatotoxicity, endocrinopathies, nephritis/renal dysfunction, adverse skin reactions/rash, etc.), etc.; AND
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND
- For the following indications, patient has not exceeded a maximum of two (2) years of therapy*:
 - Biliary Tract Cancer
 - Bone Cancer
 - Cervical Cancer
 - Esophageal Cancer (in combination with fluoropyrimidine- and platinum-containing chemotherapy OR ipilimumab)
 - Esophagogastric/Gastroesophageal Junction Cancer (in combination with fluoropyrimidine- and platinum-containing chemotherapy)
 - Gastric Cancer
 - Kaposi Sarcoma
 - Renal Cell Carcinoma (in combination with cabozantinib)
 - Malignant Pleural Mesothelioma (initial therapy in combination with ipilimumab)
 - Malignant Peritoneal Mesothelioma (initial therapy in combination with ipilimumab)
 - Non-Small Cell Lung Cancer (in combination with ipilimumab with or without platinum-doublet chemotherapy)
 - Vulvar Cancer

Urothelial Carcinoma (adjuvant therapy)*

Patient has not exceeded a maximum of one (1) year of therapy

Esophageal and Esophagogastric/Gastroesophageal Junction Cancer (adjuvant therapy)*

Patient has not exceeded a maximum of one (1) year of therapy



Classical Hodgkin Lymphoma (in combination with brentuximab vedotin)

• Patient has not exceeded a maximum of 12 weeks of therapy (4 doses)

Classical Hodgkin Lymphoma (in combination with ICE)

• Patient has not exceeded a maximum of 6 weeks of therapy (2 doses)

Cutaneous Melanoma (adjuvant therapy as a single agent)*

Patient has not exceeded a maximum of one (1) year of therapy

Cutaneous Melanoma (adjuvant therapy in combination with ipilimumab)

Patient has not exceeded a maximum of four (4) doses

Cutaneous Melanoma (re-induction therapy)

• Refer to Section III for criteria (see Cutaneous Melanoma – Used for retreatment of disease as re-induction)

Merkel Cell Carcinoma (neoadjuvant therapy)

Patient has not exceeded a maximum of two (2) doses

Non-Small Cell Lung Cancer (neoadjuvant therapy in combination with platinum-doublet chemotherapy)

• Patient has not exceeded a maximum of three (3) doses

Non-Small Cell Lung Cancer (maintenance therapy)

• Refer to Section III for criteria

Δ Notes:

- Patients responding to therapy who relapse ≥ 6 months after discontinuation due to duration (i.e., receipt of 24 months of therapy) are eligible to re-initiate PD-directed therapy.
- Patients previously presenting with aggressive disease who are exhibiting stable disease
 on treatment as their best response (or if therapy improved performance status) may be
 eligible for continued therapy without interruption or discontinuation.
- Patients who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate PD-directed therapy for metastatic disease.
- Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.
- Patients diagnosed with Renal Cell Carcinoma with clear cell histology who have received previous immuno-oncology therapy may be eligible for treatment with nivolumab as subsequent therapy and will be evaluated on a case-by-case basis.



V. Dosage/Administration $^{\Delta 1,4-6,19,20,27,24,31-42,48-50,54,55,58,59,61,65,67,68,71-79,82-84,86,87}$

Indication	Dose	
Ampullary	Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in	
Adenocarcinoma	combination with ipilimumab on the same day), then 3 mg/kg every 2 weeks	
	until disease progression or unacceptable toxicity	
Anal Cancer	Administer 240 mg intravenously every 2 weeks, 480 mg intravenously every 4	
	weeks, or 3 mg/kg intravenously every 2 weeks until disease progression or	
D:1: M+ C	unacceptable toxicity	
Biliary Tract Cancers	Administer 240 mg intravenously every 2 weeks until disease progression or	
	unacceptable toxicity for up to 24 months (2 years)	
Urothelial Carcinoma	Disease progression or second-line treatment:	
(Bladder Cancer)	• Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity	
	Adjuvant treatment:	
	Administer 240 mg intravenously every 2 weeks or 480 mg intravenously	
	every 4 weeks until disease recurrence or unacceptable toxicity for up to 1	
	year	
Bone Cancer	Administer 240 mg intravenously every 2 weeks (given in combination with	
	ipilimumab every 6 weeks) or 480 mg intravenously every 4 weeks until disease	
	progression or unacceptable toxicity for up to 24 months (2 years)	
Adult CNS Cancers	Metastases from Melanoma	
	Single agent:	
	• Administer 3 mg/kg intravenously every 2 weeks until disease progression	
	or unacceptable toxicity	
	In combination with ipilimumab:	
	• Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in	
	combination with ipilimumab on the same day), then 3 mg/kg intravenously	
	every 2 weeks until disease progression or unacceptable toxicity	
	Metastases from NSCLC	
	Single agent:	
	• Administer 3 mg/kg intravenously every 2 weeks until disease progression	
	or unacceptable toxicity	
Pediatric CNS Cancers	Administer 3 mg/kg intravenously every 2 weeks until disease progression or	
	unacceptable toxicity	
Colorectal Cancer	Adult patients and for pediatric patients ≥ 12 years and ≥ 40 kg:	
(CRC)	• Single agent: Administer 3 mg/kg intravenously every 2 weeks, or 240 mg	
	intravenously every 2 weeks, or 480 mg intravenously every 4 weeks until	
	disease progression or unacceptable toxicity	
	• In combination with ipilimumab:	
	Neoadjuvant therapy	



Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity

Primary/initial treatment

Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity

Subsequent therapy

Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then follow with the single agent regimen

Pediatric patients ≥ 12 years and ≤ 40 kg:

- Single agent: Administer 3 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity
- In combination with ipilimumab:

Neoadjuvant therapy

Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity

Primary/initial treatment

Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity

Subsequent therapy

Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then follow with the single agent regimen

Appendiceal Adenocarcinoma

- Single agent: Administer 3 mg/kg intravenously every 2 weeks, or 240 mg intravenously every 2 weeks, or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
- In combination with ipilimumab:

Primary/initial treatment

Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity

Subsequent therapy

Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then follow with the single agent regimen

Esophageal Squamous | Single agent: Cell Carcinoma

Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity

In combination with fluoropyrimidine- and platinum-containing chemotherapy:

Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity for up to 2 years

(ESCC)

	In combination with ipilimumab:
	Administer 3 mg/kg every 2 weeks or 360 mg intravenously every 3 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity for up to 2 years
Esophageal and Esophagogastric/ Gastroesophageal Junction Cancer (Adjuvant Therapy)	Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks for up to 1 year
Esophageal and Esophagogastric/ Gastroesophageal Junction Cancer (Adenocarcinoma)	Administer 240 mg intravenously every 2 weeks or 360 mg intravenously every 3 weeks until disease progression or unacceptable toxicity for up to 2 years
Gastric Cancer	Administer 240 mg intravenously every 2 weeks or 360 mg intravenously every 3 weeks until disease progression or unacceptable toxicity for up to 2 years
Gestational Trophoblastic Neoplasia (GTN)	Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
SCCHN	 Single agent OR in combination with cisplatin and gemcitabine: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity In combination with cetuximab: Administer 240 mg intravenously every 2 weeks until disease progression or unacceptable toxicity
Hepatocellular Carcinoma (HCC)	 Single agent: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity In combination with ipilimumab: Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
Adult cHL	 Single agent: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity In combination with brentuximab vedotin Administer 3 mg/kg intravenously every 3 weeks for up to 12 weeks (4 cycles) In combination with ICE (ifosfamide, carboplatin, and etoposide) Administer 3 mg/kg intravenously every 3 weeks for up to 6 weeks (2 cycles)
Pediatric cHL	Single agent: • Administer 3 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity



T	 In combination with brentuximab vedotin Administer 3 mg/kg intravenously every 3 weeks for up to 12 weeks (4 cycles)
Kaposi Sarcoma	Administer 240 mg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity for up to 24 months (2 years)
Renal Cell Carcinoma (RCC)	 Single agent: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity In combination with ipilimumab: Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then follow with the single agent regimen until disease progression or unacceptable toxicity In combination with cabozantinib (Cabometyx): Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity for up to 2 years
Malignant Pleural Mesothelioma (MPM) & Malignant Peritoneal Mesothelioma (MPeM)	 Single agent: Administer 3 mg/kg intravenously or 240 mg intravenously every 2 weeks until disease progression or unacceptable toxicity In combination with ipilimumab: Initial Therapy Administer 360 mg intravenously every 3 weeks or 3 mg/kg every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity for up to 2 years Subsequent Therapy Administer 3 mg/kg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity; OR Administer 240 mg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity
Cutaneous Melanoma	 Adult patients and for pediatric patients ≥ 12 years and ≥ 40 kg: Single agent Unresectable, limited resectable, or metastatic disease: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity Adjuvant treatment: Administer 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease recurrence or unacceptable toxicity for up to 1 year In combination with ipilimumab Unresectable or metastatic disease: Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then follow with the single agent regimen



	-
	• Adjuvant treatment: Administer 1 mg/kg intravenously every 3 weeks for 4
	doses (given in combination with ipilimumab on the same day)
	Pediatric patients ≥ 12 years and $< 40 \text{ kg}$:
	Single agent
	• <u>Unresectable, limited resectable, or metastatic disease</u> : Administer 3 mg/kg
	intravenously every 2 weeks or 6 mg/kg intravenously every 4 weeks until
	disease progression or unacceptable toxicity
	• Adjuvant treatment: Administer 3 mg/kg intravenously every 2 weeks or 6
	mg/kg intravenously every 4 weeks until disease recurrence or unacceptable
	toxicity for up to 1 year
	In combination with ipilimumab
	• <u>Unresectable or metastatic disease</u> : Administer 1 mg/kg intravenously
	every 3 weeks for 4 doses (given in combination with ipilimumab on the
	same day), then follow with the single agent regimen
	• Adjuvant treatment: Administer 1 mg/kg intravenously every 3 weeks for 4
	doses (given in combination with ipilimumab on the same day)
Uveal Melanoma	Single agent:
	Administer up to 10 mg/kg intravenously every 2 weeks until disease
	progression or unacceptable toxicity
	In combination with ipilimumab:
	Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in
	combination with ipilimumab on the same day), then 3 mg/kg intravenously
	every 2 weeks until disease progression or unacceptable toxicity
Merkel Cell Carcinoma	Neoadjuvant treatment:
	• Administer 240 mg intravenously every 2 weeks (days 1 and 15) for a total
	of 2 doses
	M1 disseminated disease:
	Single agent:
	• Administer 240 mg intravenously every 2 weeks or 3 mg/kg intravenously
	every 2 weeks until disease progression or unacceptable toxicity
	In combination with ipilimumab:
	Administer 1 mg/kg intravenously every 3 weeks for 4 doses (given in
	combination with ipilimumab on the same day), then follow with the single
	agent regimen
	Administer 3 mg/kg intravenously or 240 mg intravenously every 2 weeks
	(given in combination with ipilimumab every 6 weeks) until disease
	progression or unacceptable toxicity
	progression of undoceptuate tenterty
Non-Small Cell Lung	Neoadjuvant treatment in combination with platinum-doublet chemotherapy:
Cancer (NSCLC)	Administer 360 mg intravenously with platinum-doublet chemotherapy
	every 3 weeks for 3 cycles
	Single agent:
	Administer 240 mg intravenously every 2 weeks or 480 mg intravenously
	every 4 weeks until disease progression or unacceptable toxicity
	In combination with ipilimumab:
	communion municipalitation



	 Administer 360 mg intravenously every 3 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity for up to 2 years In combination with ipilimumab and platinum-doublet chemotherapy: Administer 360 mg intravenously every 3 weeks (given in combination with ipilimumab every 6 weeks and histology-based platinum-doublet chemotherapy every 3 weeks for 2 cycles) until disease progression or unacceptable toxicity for up to 2 years
Pediatric Primary	Single agent:
Mediastinal Large B- Cell Lymphoma	• Administer 3 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity
(PMBCL)	In combination with brentuximab vedotin:
	• Administer 3 mg/kg intravenously, with brentuximab vedotin on day 1, every 2 weeks until disease progression or unacceptable toxicity
Small Bowel	Single agent:
Adenocarcinoma	• Administer 3 mg/kg intravenously every 2 weeks, or 240 mg intravenously every 2 weeks or 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
	In combination with ipilimumab:
	• Administer 3 mg/kg intravenously every 3 weeks for 4 doses (given in combination with ipilimumab on the same day), then 3 mg/kg or 240 mg intravenously every 2 weeks until disease progression or unacceptable toxicity
SCLC	Administer 3 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity
Soft Tissue Sarcoma	Single agent:
	Administer 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
	In combination with ipilimumab:
	• Administer 240 mg intravenously every 2 weeks (given in combination with ipilimumab every 6 weeks) until disease progression or unacceptable toxicity
Extranodal NK/T-Cell Lymphoma	Administer 40 mg intravenously every 2 weeks until disease progression or unacceptable toxicity
Endometrial Carcinoma	Administer 3 mg/kg intravenously every 2 weeks for 8 doses, then 480 mg intravenously every 4 weeks until disease progression or unacceptable toxicity
Vulvar Cancer & Cervical Cancer	Administer 240 mg intravenously every 2 weeks until disease progression or unacceptable toxicity for up to 2 years
Dosing should be calcul following: Weight ≥ 74 kg:	lated using actual body weight and not flat dosing (as applicable) based on the



• Standard dose 480 mg IV every 4 weeks

Weight is 67 kg to 73 kg:

Use 440 mg IV every 4 weeks

Weight is $\leq 66 \text{kg}$:

• Use 400 mg IV every 4 weeks

-OR-

Weight > 67 kg:

Standard dose 240 mg IV every 2 weeks

Weight is 53 kg to 67 kg:

• Use 200 mg IV every 2 weeks

Weight is < 53kg:

Use 160 mg IV every 2 weeks

Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.

VI. Billing Code/Availability Information

HCPCS Code:

• J9299 – Injection, nivolumab, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Opdivo 40 mg/4 mL single-dose vial: 00003-3772-xx
- Opdivo 100 mg/10 mL single-dose vial: 00003-3774-xx
- Opdivo 120 mg/12 mL single-dose vial: 00003-3756-xx
- Opdivo 240 mg/24 mL single-dose vial: 00003-3734-xx

VII. References

- 1. Opdivo [package insert]. Princeton, NJ; Bristol-Myers Squibb Company; October 2023. Accessed October 2023.
- 2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) nivolumab. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 3. Scherpereel A, Mazieres J, Greillier L, et al. Second- or third-line nivolumab (Nivo) versus nivo plus ipilimumab (Ipi) in malignant pleural mesothelioma (MPM) patients: Results of the IFCT-1501 MAPS2 randomized phase II trial. [Abstract]. J Clin Oncol 2017;35: Abstract LBA 8507.
- 4. Walocko FM, Scheier BY, Harms PW, et al. Metastatic Merkel cell carcinoma response to nivolumab. J Immunother Cancer. 2016 Nov 15;4:79.



- 5. Tawbi HA-H, Forsyth PAJ, Algazi AP, et al. Efficacy and safety of nivolumab (NIVO) plus ipilimumab (IPI) in patients with melanoma (MEL) metastatic to the brain: Results of the phase II study CheckMate 204. J Clin Oncol 2017;35(15_suppl):abstr 9507.
- 6. Morris VK, Salem ME, Nimeiri H, et al. Nivolumab for previously treated unresectable metastatic anal cancer (NCI9673): a multicentre, single-arm, phase 2 study. Lancet Oncol. 2017 Apr;18(4):446-453. Doi: 10.1016/S1470-2045(17)30104-3. Epub 2017 Feb 18.
- 7. Zhao X, Ivaturi V, Gopalakrishnan M, et al. Abstract CT 101: A model-based exposure-response (E-R) assessment of a nivolumab (NIVO) 4-weekly (Q4W) dosing schedule across multiple tumor types. Cancer Res July 1 2017 (77) (13 Supplement) CT101; DOI: 10.1158/1538-7445.AM2017-CT101.
- 8. Zhao X, Suryawanshi M, Hruska M, et al. Assessment of nivolumab benefit-risk profile of a 240 mg flat dose relative to a 3 mg/kg dosing regimen in patients with advanced tumors. Ann Oncol2017; 28:2002-2008.
- 9. Feng Y, Xiaoning W, Bajaj G, et al. Nivolumab exposure-response analyses of efficacy and safety in previously treated squamous or nonsquamous non-small cell lung cancer. ClinCa Res 2017;23(18): 5394-5405.
- 10. Gupta S, Bellmunt J, Plimack ER, et al. Defining "platinum-ineligible" patients with metastatic urothelial cancer (mUC). J Clin Oncol. 2022 June 1;40(16_suppl):4577.
- 11. Hellmann MD, Ciuleanu TE, Pluzanski A, et al. Nivolumab plus ipilimumab in lung cancer with a high tumor mutational burden. N Engl J Med 2018; 378:2093-2104.
- 12. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. J Oncol Pract. 2018 Mar;14(3):e130-e136.
- 13. Hematology/Oncology Pharmacy Association (2019). Intravenous Cancer Drug Waste Issue Brief. Retrieved from http://www.hoparx.org/images/hopa/advocacy/Issue-Briefs/Drug Waste 2019.pdf
- 14. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. BMJ. 2016 Feb 29;352:i788.
- 15. Weber JS, D'Angelo SP, Minor D, et al. Nivolumab versus chemotherapy in patients with advanced melanoma who progressed after anti-CTLA-4 treatment (CheckMate 037): a randomised, controlled, open-label, phase 3 trial. Lancet Oncol. 2015 Apr;16(4):375-84. Doi: 10.1016/S1470-2045(15)70076-8. Epub 2015 Mar 18.
- 16. Robert C, Long GV, Brady B, et al. Nivolumab in previously untreated melanoma without BRAF mutation. N Engl J Med. 2015 Jan 22;372(4):320-30. Doi: 10.1056/NEJMoa1412082. Epub 2014 Nov 16.
- 17. Larkin J, Chiarion-Sileni V, Gonzalez R, et al. Combined Nivolumab and Ipilimumab or Monotherapy in Untreated Melanoma. N Engl J Med. 2015 Jul 2;373(1):23-34. Doi: 10.1056/NEJMoa1504030. Epub 2015 May 31.
- 18. Weber J, Mandala M, Del Vecchio M, et al. Adjuvant Nivolumab versus Ipilimumab in Resected Stage III or IV Melanoma. N Engl J Med. 2017 Nov 9;377(19):1824-1835. Doi: 10.1056/NEJMoa1709030. Epub 2017 Sep 10.



- 19. Algazi AP, Tsai KK, Shoushtari AN, et al. Clinical outcomes in metastatic uveal melanoma treated with PD-1 and PD-L1 antibodies. Cancer. 2016 Nov 15;122(21):3344-3353. Doi: 10.1002/cncr.30258. Epub 2016 Aug 17.
- 20. Piulats JM, Cruz-Merino LDL, Garcia MTC, et al. Phase II multicenter, single arm, open label study of nivolumab in combination with ipilimumab in untreated patients with metastatic uveal melanoma (GEM1402.NCT02626962). J Clin Oncol 2017; 35 Abstr 9533.
- 21. El-Khoueiry AB, Sangro B, Yau T, et al. Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): an open-label, non-comparative, phase ½ dose escalation and expansion trial. Lancet. 2017 Jun 24;389(10088):2492-2502. Doi: 10.1016/S0140-6736(17)31046-2. Epub 2017 Apr 20.
- 22. Brahmer J, Reckamp KL, Baas P, et al. Nivolumab versus Docetaxel in Advanced Squamous-Cell Non-Small-Cell Lung Cancer. N Engl J Med. 2015 Jul 9;373(2):123-35. Doi: 10.1056/NEJMoa1504627. Epub 2015 May 31.
- 23. Borghaei H, Paz-Ares L, Horn L, et al. Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer. N Engl J Med. 2015 Oct 22;373(17):1627-39. Doi: 10.1056/NEJMoa1507643. Epub 2015 Sep 27.
- 24. Antonia SJ, López-Martin JA, Bendell J, et al. Nivolumab alone and nivolumab plus ipilimumab in recurrent small-cell lung cancer (CheckMate 032): a multicentre, open-label, phase ½ trial. Lancet Oncol. 2016 Jul;17(7):883-895. Doi: 10.1016/S1470-2045(16)30098-5. Epub 2016 Jun 4.
- 25. Motzer RJ, Escudier B, McDermott DF, et al. Nivolumab versus Everolimus in Advanced Renal-Cell Carcinoma. N Engl J Med. 2015 Nov 5;373(19):1803-13. Doi: 10.1056/NEJMoa1510665. Epub 2015 Sep 25.
- 26. Motzer RJ, Tannir NM, McDermott DF, et al. Nivolumab plus Ipilimumab versus Sunitinib in Advanced Renal-Cell Carcinoma. N Engl J Med. 2018 Apr 5;378(14):1277-1290. Doi: 10.1056/NEJMoa1712126. Epub 2018 Mar 21.
- 27. Armand P, Engert A, Younes A, et al. Nivolumab for Relapsed/Refractory Classic Hodgkin Lymphoma After Failure of Autologous Hematopoietic Cell Transplantation: Extended Follow-Up of the Multicohort Single-Arm Phase II CheckMate 205 Trial. J Clin Oncol. 2018 May 10;36(14):1428-1439. Doi: 10.1200/JCO.2017.76.0793. Epub 2018 Mar 27.
- 28. Ansell SM, Lesokhin AM, Borrello I, et al. PD-1 blockade with nivolumab in relapsed or refractory Hodgkin's lymphoma. N Engl J Med. 2015 Jan 22;372(4):311-9. Doi: 10.1056/NEJMoa1411087. Epub 2014 Dec 6.
- 29. Ferris RL, Blumenschein G Jr, Fayette J, et al. Nivolumab for Recurrent Squamous-Cell Carcinoma of the Head and Neck. N Engl J Med. 2016 Nov 10;375(19):1856-1867. Epub 2016 Oct 8.
- 30. Sharma P, Retz M, Siefker-Radtke A, et al. Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. Lancet Oncol. 2017 Mar;18(3):312-322. Doi: 10.1016/S1470-2045(17)30065-7. Epub 2017 Jan 26.
- 31. Overman MJ, McDermott R, Leach JL, et al. Nivolumab in patients with metastatic DNA mismatch repair-deficient or microsatellite instability-high colorectal cancer (CheckMate



- 142): an open-label, multicentre, phase 2 study. Lancet Oncol. 2017 Sep;18(9):1182-1191. Doi: 10.1016/S1470-2045(17)30422-9. Epub 2017 Jul 19.
- 32. Overman MJ, Lonardi S, Wong KYM, et al. Durable Clinical Benefit With Nivolumab Plus Ipilimumab in DNA Mismatch Repair-Deficient/Microsatellite Instability-High Metastatic Colorectal Cancer. J Clin Oncol. 2018 Mar 10;36(8):773-779. Doi: 10.1200/JCO.2017.76.9901. Epub 2018 Jan 20.
- 33. Topalian SL, Bhatia S, Hollebecque A, et al. Non-comparative, open-label, multiple cohort, phase ½ study to evaluate nivolumab (NIVO) in patients with virus-associated tumors (CheckMate 358): Efficacy and safety in Merkel cell carcinoma (MCC). DOI: 10.1158/1538-7445.AM2017-CT074 Published July 2017.
- 34. Long GV, Atkinson V, Lo S, et al. Combination nivolumab and ipilimumab or nivolumab alone in melanoma brain metastases: a multicentre randomised phase 2 study. Lancet Oncol. 2018 May;19(5):672-681. Doi: 10.1016/S1470-2045(18)30139-6. Epub 2018 Mar 27.
- 35. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Anal Carcinoma. Version 2.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 36. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Gestational Trophoblastic Neoplasia. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 37. Scherpereel A, Mazieres J, Greillier L, et al. Nivolumab or nivolumab plus ipilimumab in patients with relapsed malignant pleural mesothelioma (IFCT-1501 MAPS2): a multicentre, open-label, randomised, non-comparative, phase 2 trial. Lancet Oncol. 2019 Feb;20(2):239-253. Doi: 10.1016/S1470-2045(18)30765-4. Epub 2019 Jan 16.
- 38. Disselhorst MJ, Quispel-Janssen J, Lalezari F, et al. Ipilimumab and nivolumab in the treatment of recurrent malignant pleural mesothelioma (INITIATE): results of a prospective, single-arm, phase 2 trial. Lancet Respir Med. 2019 Mar;7(3):260-270. Doi: 10.1016/S2213-2600(18)30420-X. Epub 2019 Jan 16.
- 39. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Small Bowel Adenocarcinoma. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network,



- Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 40. Chan TSY, Li J, Loong F, et al. PD1 blockade with low-dose nivolumab in NK/T cell lymphoma failing L-asparaginase: efficacy and safety. Ann Hematol. 2018 Jan;97(1):193-196. Doi: 10.1007/s00277-017-3127-2. Epub 2017 Sep 6.
- 41. Goldman JW, Crino L, Vokes EE, et al. Nivolumab (nivo) in patients (pts) with advanced (adv) NSCLC and central nervous system (CNS) metastases (mets). J Clin Oncol 34, no. 15_suppl (May 20, 2016) 9038-9038. DOI: 10.1200/JCO.2016.34.15_suppl.9038.
- 42. Gauvain C, Vauleon E, Chouaid C, et al. Intracerebral efficacy and tolerance of nivolumab in non–small-cell lung cancer patients with brain metastases. Lung Cancer. 2018 Feb; 116:62-66. Doi: 10.1016/j.lungcan.2017.12.008.
- 43. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Non-Small Cell Lung Cancer. Version 3.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2023.
- 44. Kato K, Cho BC, Takahashi M, et al. Nivolumab versus chemotherapy in patients with advanced esophageal squamous cell carcinoma refractory or intolerant to previous chemotherapy (ATTRACTION-3): a multicentre, randomised, open-label, phase 3 trial. Lancet Oncol. 2019;20(11):1506-1517. Doi:10.1016/S1470-2045(19)30626-6.
- 45. Hellmann MD, Paz-Ares L, Bernabe Caro R, et al. Nivolumab plus Ipilimumab in Advanced Non-Small-Cell Lung Cancer. N Engl J Med. 2019;381(21):2020-2031. Doi:10.1056/NEJMoa1910231.
- 46. Reck M, Ciuleanu T-E, Dols MC, et al. Nivolumab (NIVO) + ipilimumab (IPI) + 2 cycles of platinum-doublet chemotherapy (chemo) vs 4 cycles chemo as first-line (1L) treatment (tx) for stage IV/recurrent non-small cell lung cancer (NSCLC): CheckMate 9LA [abstract]. J Clin Oncol 2020;38:Abstract 9501-9501.
- 47. Zalcman G, Peters S, Mansfield AS, et al. Checkmate 743: A phase 3, randomized, open-label trial of nivolumab (nivo) plus ipilimumab (ipi) vs pemetrexed plus cisplatin or carboplatin as first-line therapy in unresectable pleural mesothelioma. Journal of Clinical Oncology 2017 35:15_suppl, TPS8581-TPS8581
- 48. Azad NS, Gray RJ, Overman MJ, et al. Nivolumab Is Effective in Mismatch Repair-Deficient Noncolorectal Cancers: Results From Arm Z1D-A Subprotocol of the NCI-MATCH (EAY131) Study. J Clin Oncol. 2020 Jan 20;38(3):214-222.
- 49. Naumann RW, Hollebecque A, Meyer T, et al. Safety and Efficacy of Nivolumab Monotherapy in Recurrent or Metastatic Cervical, Vaginal, or Vulvar Carcinoma: Results From the Phase I/II CheckMate 358 Trial. J Clin Oncol. 2019 Nov 1;37(31):2825-2834.



- 50. Choueiri TK, Powles T, Burotto M, et al. 696O_PR Nivolumab + cabozantinib vs sunitinib in first-line treatment for advanced renal cell carcinoma: First results from the randomized phase III CheckMate 9ER trial. Volume 31, SUPPLEMENT 4, S1159, September 01, 2020.
- 51. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Bladder Cancer. Version 3.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2023.
- 52. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Esophageal and Esophagogastric Junction Cancers. Version 2.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2023.
- 53. Referenced with permission from the NCCN Clinical Practice Guidelines (NCCN Guidelines®) Gastric Cancer. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2023.
- 54. Herrera AF, Moskowitz AJ, Bartlett NL, et al. Interim results of brentuximab vedotin in combination with nivolumab in patients with relapsed or refractor Hodgkin lymphoma. Blood. 2018 Mar 15;131 (11):1183-1194.
- 55. Cole PD, Mauz-Körholz C, Mascarin M, et al. HL-032: Nivolumab and Brentuximab Vedotin (BV)—Based, Response-Adapted Treatment in Children, Adolescents, and Young Adults (CAYA) With Standard-Risk Relapsed/Refractory Classical Hodgkin Lymphoma (R/R cHL): Primary Analysis of the Standard-Risk Cohort of the Phase 2 CheckMate 744 Study. Clinical Lymphoma Myeloma and Leukemia. Volume 20, Supplement 1, September 2020, Pages S245-S246.
- 56. Moehler M, Shitara K, Garrido M, et al. Nivolumab (nivo) plus chemotherapy (chemo) versus chemo as first-line (1L) treatment for advanced gastric cancer/gastroesophageal junction cancer (GC/GEJC)/esophageal adenocarcinoma (EAC): First results of the CheckMate 649 study. [abstract]. Presented at the Oral Presentation presented at the ESMO 2020 Annual Meeting; September 19-21, 2020; Virtual Meeting.
- 57. Kelly RJ, Ajani JA, Kuzdzal J, et al. Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer. N Engl J Med. 2021 Apr 1;384(13):1191-1203. Doi: 10.1056/NEJMoa2032125.



- 58. Nivolumab. Micromedex Solutions. Greenwood Village, CO: Truven Health Analytics. http://micromedex.com/. Updated July 1, 2021. Accessed July 2021.
- 59. Lenz HJ, Lonardi S, Zagonel V, et al. Nivolumab (NIVO) + low-dose ipilimumab (IPI) as first-line (1L) therapy in microsatellite instability-high/DNA mismatch repair deficient (MSI-H/dMMR) metastatic colorectal cancer (mCRC): Clinical update [abstract]. Journal of Clinical Oncology 2019;37:3521-3521.
- 60. Bellmunt, J. (2023). Treatment of metastatic urothelial cancer of the bladder and urinary tract. In Lerner SP, Shah S (Eds.), *UptoDate*. Accessed February 21, 2023. Available from <a href="https://www.uptodate.com/contents/treatment-of-metastatic-urothelial-cancer-of-the-bladder-and-urinary-tract?search-cisplatin%20ineligible&source-search_result&selectedTitle=1~150&usage_ty_pe=default&display_rank=1.
- 61. Ready NE, Ott PA, Hellmann MD, et al. Nivolumab Monotherapy and Nivolumab Plus Ipilimumab in Recurrent Small Cell Lung Cancer: Results From the CheckMate 032 Randomized Cohort. J Thorac Oncol. 2020 Mar;15(3):426-435. Doi: 10.1016/j.jtho.2019.10.004.
- 62. Bajorin DF, Witjes JA, Gschwend JE, et al. Adjuvant Nivolumab versus Placebo in Muscle-Invasive Urothelial Carcinoma. N Engl J Med. 2021 Jun 3;384(22):2102-2114. Doi: 10.1056/NEJMoa2034442.
- 63. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Cervical Cancer. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 64. Fennell DA, Ewings S, Ottensmeier C, et al. Nivolumab versus placebo in patients with relapsed malignant mesothelioma (CONFIRM): a multicentre, double-blind, randomised, phase 3 trial. Lancet Oncol 2021; 22:1530.
- 65. Topalian SL, Bhatia S, Amin A, et al. Neoadjuvant Nivolumab for Patients With Resectable Merkel Cell Carcinoma in the CheckMate 358 Trial. J Clin Oncol. 2020;38(22):2476-2487. Doi:10.1200/JCO.20.00201.
- 66. Forde PM, Spicer J, Lu S, et al (2021). Nivolumab (NIVO) + platinum-doublet chemotherapy (chemo) vs chemo as neoadjuvant treatment (tx) for resectable (1B-IIIA) non-small cell lung cancer NSCLC in the phase 3 CheckMate 816 trial. American Association for Cancer Research Annual Meeting 2021. Abstract CT003.
- 67. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Malignant Peritoneal Mesothelioma. Version 2.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer



- Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.
- 68. Scherpereel A, Mazieres J, Greillier L, et al; French Cooperative Thoracic Intergroup. Nivolumab or nivolumab plus ipilimumab in patients with relapsed malignant pleural mesothelioma (IFCT-1501 MAPS2): a multicentre, open-label, randomised, non-comparative, phase 2 trial. Lancet Oncol. 2019 Feb;20(2):239-253. Doi: 10.1016/S1470-2045(18)30765-4. Epub 2019 Jan 16. Erratum in: Lancet Oncol. 2019 Mar;20(3):e132.
- 69. Doki Y, Ajani JA, Kato K, et al. Nivolumab Combination Therapy in Advanced Esophageal Squamous-Cell Carcinoma. N Engl J Med. 2022 Feb 3;386(5):449-462. Doi: 10.1056/NEJMoa2111380.
- 70. De Santis M, Bellmunt J, Mead G, et al. Randomized phase II/III trial assessing gemcitabine/ carboplatin and methotrexate/carboplatin/vinblastine in patients with advanced urothelial cancer "unfit" for cisplatin-based chemotherapy: phase II—results of EORTC study 30986. J Clin Oncol. 2009 Nov 20;27(33):5634-9. Doi: 10.1200/JCO.2008.21.4924. Epub 2009 Sep 28.
- 71. Bouffet E, Larouche V, Campbell BB, et al. Immune Checkpoint Inhibition for Hypermutant Glioblastoma Multiforme Resulting From Germline Biallelic Mismatch Repair Deficiency. J Clin Oncol. 2016 Jul 1;34(19):2206-11.
- 72. Schenker M, Burotto M, Richardet M, et al. CheckMate 848: A randomized, open-label, phase 2 study of nivolumab in combination with ipilimumab or nivolumab monotherapy in patients with advanced or metastatic solid tumors of high tumor mutational burden. Oral Presentation presented at the American Association for Cancer Research (AACR) 2022 Annual Meeting; April 8-13, 2022; New Orleans, LA.
- 73. Mei MG, Lee HJ, Palmer J, et al. Response-adapted anti-PD-1-based salvage therapy for Hodgkin lymphoma with nivolumab alone or in combination with ICE. Blood. 2022 Jun 23;139(25):3605-3616. doi: 10.1182/blood.2022015423.
- 74. Zinzani P, Santoro A, Gritti G, et al. Nivolumab Combined With Brentuximab Vedotin for Relapsed/Refractory Primary Mediastinal Large B-Cell Lymphoma: Efficacy and Safety From the Phase II CheckMate 436 Study. J Clin Oncol. 2019 Nov 20;37(33):3081-3089. doi: 10.1200/JCO.19.01492. Epub 2019 Aug 9.
- 75. Davis K, Fox E, Merchant M, et al. Nivolumab in children and young adults with relapsed or refractory solid tumours or lymphoma (ADVL1412): a multicentre, open-label, single-arm, phase 1–2 trial. The Lancet. volume 21, issue 4, p541-550, april 01, 2020 https://doi.org/10.1016/S1470-2045(20)30023-1.
- 76. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Pediatric Aggressive Mature B-Cell Lymphomas. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2023.



- 77. Younes A, Santoro A, Shipp M, et al. Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: a multicentre, multicohort, single-arm phase 2 trial. Lancet Oncol. 2016 Sep;17(9):1283-94. doi: 10.1016/S1470-2045(16)30167-X.
- 78. Chung C, Li J, Steuer C, et al. Phase II Multi-institutional Clinical Trial Result of Concurrent Cetuximab and Nivolumab in Recurrent and/or Metastatic Head and Neck Squamous Cell Carcinoma. Clin Cancer Res. 2022 Jun 1;28(11):2329-2338. doi: 10.1158/1078-0432.CCR-21-3849.
- 79. Zer A, Icht O, Yosef L, et al. Phase II single-arm study of nivolumab and ipilimumab (Nivo/Ipi) in previously treated classical Kaposi sarcoma (cKS). Annals of Oncology. Volume 33, Issue 7, July 2022, Pages 720-727. https://doi.org/10.1016/j.annonc.2022.03.012.
- 80. Pelster MS, Gruschkus SK, Bassett R, et al. Nivolumab and Ipilimumab in Metastatic Uveal Melanoma: Results From a Single-Arm Phase II Study. J Clin Oncol. 2021 Feb 20;39(6):599-607. doi: 10.1200/JCO.20.00605.
- 81. Baas P, Scherpereel A, Nowak AK, et al. First-line nivolumab plus ipilimumab in unresectable malignant pleural mesothelioma (CheckMate 743): a multicentre, randomised, open-label, phase 3 trial. Lancet. 2021 Jan 30;397(10272):375-386. doi: 10.1016/S0140-6736(20)32714-8.
- 82. Blank CU, Rozeman EA, Fanchi LF, et al. Neoadjuvant versus adjuvant ipilimumab plus nivolumab in macroscopic stage III melanoma. Nat Med. 2018 Nov;24(11):1655-1661. doi: 10.1038/s41591-018-0198-0.
- 83. Glutsch V, Kneitz, Gesierich A, et al. Activity of ipilimumab plus nivolumab in avelumabrefractory Merkel cell carcinoma. Cancer Immunology, Immunotherapy volume 70, pages2087–2093 (2021)
- 84. Wagner M, Othus M, Patel S, et al. Multicenter phase II trial (SWOG S1609, cohort 51) of ipilimumab and nivolumab in metastatic or unresectable angiosarcoma: a substudy of dual anti-CTLA-4 and anti-PD-1 blockade in rare tumors (DART). J Immunother Cancer. 2021 Aug;9(8):e002990. doi: 10.1136/jitc-2021-002990.
- 85. Kim S, Wuthrick E, Blakaj D, et al. Combined nivolumab and ipilimumab with or without stereotactic body radiation therapy for advanced Merkel cell carcinoma: a randomized, open label, phase 2 trial. The Lancet. Published: September 11, 2022. doi:https://doi.org/10.1016/S0140-6736(22)01659-2. PlumX Metrics
- 86. Yau T, Park JW, Finn RS, et al. Nivolumab versus sorafenib in advanced hepatocellular carcinoma (CheckMate 459): a randomised, multicentre, open-label, phase 3 trial. Lancet Oncol. 2022 Jan;23(1):77-90.
- 87. Kudo M, Matilla A, Santoro A, et al. CheckMate 040 cohort 5: A phase I/II study of nivolumab in patients with advanced hepatocellular carcinoma and Child-Pugh B cirrhosis. J Hepatol. 2021 Sep;75(3):600-609.



88. Long GV, Del Vecchio M, Weber J, et al. (2023). Adjuvant therapy with nivolumab versus placebo in patients with resected stage IIB/C melanoma (CheckMate 76K). SKIN The Journal of Cutaneous Medicine, 7(2), s163. https://doi.org/10.25251/skin.7.supp.163.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.2	Malignant neoplasm of retromolar area



C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach



C16.2	Mailgnant neoplasm of body of stomach		
C16.3	Malignant neoplasm of body of stomach Malignant neoplasm of pyloric antrum		
C16.4	Malignant neoplasm of pylorus		
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified		
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified		
C16.8	Malignant neoplasm of overlapping sites of stomach		
C16.9	Malignant neoplasm of stomach, unspecified		
C17.0	Malignant neoplasm of duodenum		
C17.1	Malignant neoplasm of jejunum		
C17.2	Malignant neoplasm of ileum		
C17.3	Meckel's diverticulum, malignant		
C17.8	Malignant neoplasm of overlapping sites of small intestine		
C17.9	Malignant neoplasm of small intestine, unspecified		
C18.0	Malignant neoplasm of cecum		
C18.1	Malignant neoplasm of appendix		
C18.2	Malignant neoplasm of ascending colon		
C18.3	Malignant neoplasm of hepatic flexure		
C18.4	Malignant neoplasm of transverse colon		
C18.5	Malignant neoplasm of splenic flexure		
C18.6	Malignant neoplasm of descending colon		
C18.7	Malignant neoplasm of sigmoid colon		
C18.8	Malignant neoplasm of overlapping sites of colon		
C18.9	Malignant neoplasm of colon, unspecified		
C19	Malignant neoplasm of rectosigmoid junction		
C20	Malignant neoplasm of rectum		
C21.0	Malignant neoplasm of anus, unspecified		
C21.1	Malignant neoplasm of anal canal		
C21.2	Malignant neoplasm of cloacogenic zone		
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal		
C22.0	Liver cell carcinoma		
C22.1	Intrahepatic bile duct carcinoma		
C22.3	Angiosarcoma of liver		
C22.8	Malignant neoplasm of liver, primary, unspecified as to type		
C22.9	Malignant neoplasm of liver, not specified as primary or secondary		
C23	Malignant neoplasm of gallbladder		
C24.0	Malignant neoplasm of extrahepatic bile duct		



C24.1	Malignant neoplasm of ampulla of Vater	
C24.8	Malignant neoplasm of overlapping sites of biliary tract	
C24.9	Malignant neoplasm of biliary tract, unspecified	
C30.0	Malignant neoplasm of nasal cavity	
C31.0	Malignant neoplasm of maxillary sinus	
C31.1	Malignant neoplasm of ethmoidal sinus	
C32.0	Malignant neoplasm of glottis	
C32.1	Malignant neoplasm of supraglottis	
C32.2	Malignant neoplasm of subglottis	
C32.3	Malignant neoplasm of laryngeal cartilage	
C32.8	Malignant neoplasm of overlapping sites of larynx	
C32.9	Malignant neoplasm of larynx, unspecified	
C33	Malignant neoplasm of trachea	
C34.00	Malignant neoplasm of unspecified main bronchus	
C34.01	Malignant neoplasm of right main bronchus	
C34.02	Malignant neoplasm of left main bronchus	
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	
C40.10	Malignant neoplasm of short bones of unspecified upper limb	
C40.11	Malignant neoplasm of short bones of right upper limb	
C40.12	Malignant neoplasm of short bones of left upper limb	
C40.20	Malignant neoplasm of long bones of unspecified lower limb	



C40.21	Malignant neoplasm of long bones of right lower limb		
C40.22	Malignant neoplasm of long bones of left lower limb		
C40.30	Malignant neoplasm of short bones of unspecified lower limb		
C40.31	Malignant neoplasm of short bones of right lower limb		
C40.32	Malignant neoplasm of short bones of left lower limb		
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb		
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb		
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb		
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb		
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb		
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb		
C41.0	Malignant neoplasm of bones of skull and face		
C41.1	Malignant neoplasm of mandible		
C41.2	Malignant neoplasm of vertebral column		
C41.3	Malignant neoplasm of ribs, sternum and clavicle		
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx		
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified		
C43.0	Malignant melanoma of lip		
C43.111	Malignant melanoma of right upper eyelid, including canthus		
C43.112	Malignant melanoma of right lower eyelid, including canthus		
C43.121	Malignant melanoma of left upper eyelid, including canthus		
C43.122	Malignant melanoma of left lower eyelid, including canthus		
C43.20	Malignant melanoma of unspecified ear and external auricular canal		
C43.21	Malignant melanoma of right ear and external auricular canal		
C43.22	Malignant melanoma of left ear and external auricular canal		
C43.30	Malignant melanoma of unspecified part of face		
C43.31	Malignant melanoma of nose		
C43.39	Malignant melanoma of other parts of face		
C43.4	Malignant melanoma of scalp and neck		
C43.51	Malignant melanoma of anal skin		
C43.52	Malignant melanoma of skin of breast		
C43.59	Malignant melanoma of other part of trunk		
C43.60	Malignant melanoma of unspecified upper limb, including shoulder		
C43.61	Malignant melanoma of right upper limb, including shoulder		
C43.62	Malignant melanoma of left upper limb, including shoulder		
C43.70	Malignant melanoma of unspecified lower limb, including hip		



C43.71	Malignant melanoma of right lower limb, including hip	
C43.72	Malignant melanoma of left lower limb, including hip	
C43.8	Malignant melanoma of overlapping sites of skin	
C43.9	Malignant melanoma of skin, unspecified	
C44.00	Unspecified malignant neoplasm of skin of lip	
C44.02	Squamous cell carcinoma of skin of lip	
C44.09	Other specified malignant neoplasm of skin of lip	
C45.0	Mesothelioma of pleura	
C45.1	_	
	Mesothelioma of peritoneum	
C45.2	Mesothelioma of pericardium	
C45.7	Mesothelioma of other sites	
C45.9	Mesothelioma, unspecified	
C4A.0	Merkel cell carcinoma of lip	
C4A.10	Merkel cell carcinoma of eyelid, including canthus	
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	
C4A.30	Merkel cell carcinoma of unspecified part of face	
C4A.31	Merkel cell carcinoma of nose	
C4A.39	Merkel cell carcinoma of other parts of face	
C4A.4	Merkel cell carcinoma of scalp and neck	
C4A.51	Merkel cell carcinoma of anal skin	
C4A.52	Merkel cell carcinoma of skin of breast	
C4A.59	Merkel cell carcinoma of other part of trunk	
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	
C4A.71	Merkel cell carcinoma of right lower limb, including hip	
C4A.72	Merkel cell carcinoma of left lower limb, including hip	
C4A.8	Merkel cell carcinoma of overlapping sites	
C4A.9	Merkel cell carcinoma, unspecified	
C46.0	Kaposi's sarcoma of skin	
C46.1	Kaposi's sarcoma of soft tissue	



C46.2	Kaposi's sarcoma of palate		
C46.3	Kaposi's sarcoma of lymph nodes		
C46.4	Kaposi's sarcoma of gastrointestinal sites		
C46.50	Kaposi's sarcoma of unspecified lung		
C46.51	Kaposi's sarcoma of right lung		
C46.52	Kaposi's sarcoma of left lung		
C46.7	Kaposi's sarcoma of other sites		
C46.9	Kaposi's sarcoma, unspecified		
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck		
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder		
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder		
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder		
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip		
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip		
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip		
C47.3	Malignant neoplasm of peripheral nerves of thorax		
C47.4	Malignant neoplasm of peripheral nerves of abdomen		
C47.5	Malignant neoplasm of peripheral nerves of pelvis		
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified		
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system		
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified		
C48.0	Malignant neoplasm of retroperitoneum		
C48.1	Malignant neoplasm of specified parts of peritoneum		
C48.2	Malignant neoplasm of peritoneum, unspecified		
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum		
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck		
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder		
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder		
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder		
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip		
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip		
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip		
C49.3	Malignant neoplasm of connective and soft tissue of thorax		
C49.4	Malignant neoplasm of connective and soft tissue of abdomen		
C49.5	Malignant neoplasm of connective and soft tissue of pelvis		
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified		
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue		
C49.9	Malignant neoplasm of connective and soft tissue, unspecified		



C51.0	Malignant neoplasm of labium majus		
C51.1	Malignant neoplasm of labium minus		
C51.2	Malignant neoplasm of clitoris		
C51.8	Malignant neoplasm of overlapping sites of vulva		
C51.9	Malignant neoplasm of vulva, unspecified		
C53.0	Malignant neoplasm of endocervix		
C53.1	Malignant neoplasm of exocervix		
C53.8	Malignant neoplasm of overlapping sites of cervix uteri		
C53.9	Malignant neoplasm of cervix uteri, unspecified		
C54.0	Malignant neoplasm of isthmus uteri		
C54.1	Malignant neoplasm of endometrium		
C54.2	Malignant neoplasm of myometrium		
C54.3	Malignant neoplasm of fundus uteri		
C54.8	Malignant neoplasm of overlapping sites of corpus uteri		
C54.9	Malignant neoplasm of corpus uteri, unspecified		
C55	Malignant neoplasm of uterus, part unspecified		
C58	Malignant neoplasm of placenta		
C61	Malignant neoplasm of prostate		
C64.1	Malignant neoplasm of right kidney, except renal pelvis		
C64.2	Malignant neoplasm of left kidney, except renal pelvis		
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis		
C65.1	Malignant neoplasm of right renal pelvis		
C65.2	Malignant neoplasm of left renal pelvis		
C65.9	Malignant neoplasm of unspecified renal pelvis		
C66.1	Malignant neoplasm of right ureter		
C66.2	Malignant neoplasm of left ureter		
C66.9	Malignant neoplasm of unspecified ureter		
C67.0	Malignant neoplasm of trigone of bladder		
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of lateral wall of bladder		
C67.3	Malignant neoplasm of anterior wall of bladder		
C67.4	Malignant neoplasm of posterior wall of bladder		
C67.5	Malignant neoplasm of bladder neck		
C67.6	Malignant neoplasm of ureteric orifice		
C67.7	Malignant neoplasm of urachus		
C67.8	Malignant neoplasm of overlapping sites of bladder		
	Malignant neoplasm of bladder, unspecified		



C68.0	Malignant neoplasm of urethra	
C69.30	Malignant neoplasm of unspecified choroid	
C69.31	Malignant neoplasm of right choroid	
C69.32	Malignant neoplasm of left choroid	
C69.40	Malignant neoplasm of unspecified ciliary body	
C69.41	Malignant neoplasm of right ciliary body	
C69.42	Malignant neoplasm of left ciliary body	
C69.60	Malignant neoplasm of unspecified orbit	
C69.61	Malignant neoplasm of right orbit	
C69.62	Malignant neoplasm of left orbit	
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	
C71.1	Malignant neoplasm of frontal lobe	
C71.2	Malignant neoplasm of temporal lobe	
C71.3	Malignant neoplasm of parietal lobe	
C71.4	Malignant neoplasm of occipital lobe	
C71.5	Malignant neoplasm of cerebral ventricle	
C71.6	Malignant neoplasm of cerebellum	
C71.7	Malignant neoplasm of brain stem	
C71.8	Malignant neoplasm of overlapping sites of brain	
C71.9	Malignant neoplasm of brain, unspecified	
C72.0	Malignant neoplasm of spinal cord	
C72.1	Malignant neoplasm of cauda equina	
C72.9	Malignant neoplasm of central nervous system, unspecified	
C76.0	Malignant neoplasm of head, face and neck	
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	
C78.00	Secondary malignant neoplasm of unspecified lung	
C78.01	Secondary malignant neoplasm of right lung	
C78.02	Secondary malignant neoplasm of left lung	
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	
C79.31	Secondary malignant neoplasm of brain	
C79.51	Secondary malignant neoplasm of bone	
C79.52	Secondary malignant neoplasm of bone marrow	
C7A.1	Malignant poorly differentiated neuroendocrine tumors	
C7B.1	Secondary Merkel cell carcinoma	
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	



C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes		
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes		
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen		
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites		
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites		
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site		
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes		
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes		
C81.27	Mixed cellularity Hodgkin lymphoma, spleen		
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites		
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites		
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site		
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes		
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes		
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen		
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites		
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites		
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site		
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes		
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes		



C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen		
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites		
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites		
C81.70	Other Hodgkin lymphoma unspecified site		
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck		
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes		
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes		
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb		
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb		
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes		
C81.77	Other Hodgkin lymphoma spleen		
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites		
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites		
C81.90	Hodgkin lymphoma, unspecified site		
C81.91	Hodgkin lymphoma, unspecified lymph nodes of head, face, and neck		
C81.92	Hodgkin lymphoma, unspecified intrathoracic lymph nodes		
C81.93	Hodgkin lymphoma, unspecified intra-abdominal lymph nodes		
C81.94	Hodgkin lymphoma, unspecified lymph nodes of axilla and upper limb		
C81.95	Hodgkin lymphoma, unspecified lymph nodes of inguinal region and lower limb		
C81.96	Hodgkin lymphoma, unspecified intrapelvic lymph nodes		
C81.97	Hodgkin lymphoma, unspecified spleen		
C81.98	Hodgkin lymphoma, unspecified lymph nodes of multiple sites		
C81.99	Hodgkin lymphoma, unspecified extranodal and solid organ sites		
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site		
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck		
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes		
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes		
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb		
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb		
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes		
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen		
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites		
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites		
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site		
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck		
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes		



C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes		
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb		
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb		
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes		
C84.Z7	Other mature T/NK-cell lymphomas, spleen		
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites		
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites		
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site		
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck		
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes		
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes		
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb		
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes		
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen		
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites		
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites		
C86.0	Extranodal NK/T-cell lymphoma, nasal type		
D19.1	Benign neoplasm of mesothelial tissue of peritoneum		
D09.0	Carcinoma in situ of bladder		
D37.01	Neoplasm of uncertain behavior of lip		
D37.02	Neoplasm of uncertain behavior of tongue		
D37.05	Neoplasm of uncertain behavior of pharynx		
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity		
D37.1	Neoplasm of uncertain behavior of stomach		
D37.8	Neoplasm of uncertain behavior of other specified digestive organs		
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified		
D38.0	Neoplasm of uncertain behavior of larynx		
D38.5	Neoplasm of uncertain behavior of other respiratory organs		
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified		
D39.2	Neoplasm of uncertain behavior of placenta		
O01.9	Hydatidiform mole, unspecified		
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ		
Z85.01	Personal history of malignant neoplasm of esophagus		
Z85.028	Personal history of other malignant neoplasm of stomach		
Z85.068	Personal history of other malignant neoplasm of small intestine		



Z85.09	Personal history of malignant neoplasm of other digestive organs	
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	
Z85.42	Personal history of malignant neoplasm of other parts of uterus	
Z85.51	Personal history of malignant neoplasm of bladder	
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	
Z85.71	Personal history of Hodgkin lymphoma	
Z85.820	Personal history of malignant melanoma of skin	
Z85.821	Personal history of Merkel cell carcinoma	
Z85.830	Personal history of malignant neoplasm of bone	
Z85.831	Personal history of malignant neoplasm of soft tissue	
Z85.841	Personal history of malignant neoplasm of brain	
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue	

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC



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PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist PreferredOne Community Health Plan PO Box 59052 Minneapolis, MN 55459-0052 Phone: 1.800.940.5049 (TTY: 763.847.4013) Fax: 763.847.4010

customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013). XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013). CHÚ Ý: Nếu ban nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho ban. Goi số 1.800.940.5049 (TTY: 763.847.4013). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。 ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013). ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013). ማስታወሻ: የሚናንሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስጣት ለተሳናቸው: 763.847.4013). ဟ်သူ၌ဟ်သး– နမ့်ကတိ၊ ကညီ ကျို်အယိ, နှမၤန္ဈ် ကျို်အတါမၤစၤၤလ၊ တလက်ဘူဉ်လက်စ္၊ နီတမံးဘဉ်သုန္ဦလီ၊ ကိႏ 1.800.940.5049 (TTY: 763.847.4013). ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។ ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013). ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013). 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1,800,940,5049 (TTY: 763,847,4013), 번으로 전화해 주십시오.

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PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- · Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist PreferredOne Insurance Company PO Box 59212 Minneapolis, MN 55459-0212 Phone: 1.800.940.5049 (TTY: 763.847.4013) Fax: 763.847.4010 customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

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