

## **Nivolumab**

Notification:	Category:	Topic:	What is changing? /	Why is Humana making this change? /	Language:	Impacted Products:
			Change Description:	Change Reason:		
9116			For providers with a specialty of pharmacy, we	The limitations listed above were		Medicaid- Louisiana
			limit reimbursement of charges for HCPCS code	established according to the FDA-		
			J9299 to no more than:	approved package insert, prescribing		
				information and pharmaceutical		
			480 units every 6 weeks for patients 4–7 years	compendia.		
			old if billed with any of the following			
			diagnoses:	Note: The limitations described above		
			• Bone cancer	are based on maximum dosages		
		Louisiana Medicaid:	<ul><li>Hodgkin lymphoma (classic)</li></ul>	established in milligrams. If any units are		
	HCPCS - Drugs &		<ul> <li>Pediatric diffuse high-grade glioma</li> </ul>	denied, the provider may dispute the		
	Biologicals	Nivolumab, 1 mg –	<ul><li>Pediatric Hodgkin lymphoma (classic)</li></ul>	decision through the appropriate	<b>English</b>	
	biologicals	HCPCS code J9299	Pediatric primary mediastinal large B-cell	process. The provider may submit		
			lymphoma	information, including medical notes		
			Soft tissue sarcoma	showing the patient's body weight, that		
				substantiates the medical necessity of		
			720 units every 6 weeks for patients 8–11 years	the additional units.		
			if billed with any of the following diagnoses:			
			Bone cancer			
			<ul><li>Hodgkin lymphoma (classic)</li></ul>			
			Pediatric diffuse high-grade glioma			
			Pediatric Hodgkin lymphoma (classic)			

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			Pediatric primary mediastinal large B-cell			
			<u>lymphoma</u>			
			Soft tissue sarcoma			
			1,140 units every 6 weeks for patients 12 or			
			older if billed with any of the following			
			diagnoses:			
			• Bone cancer			
			<ul> <li>Hodgkin lymphoma (classic)</li> </ul>			
			• Pediatric diffuse high-grade glioma			
			<ul> <li>Pediatric Hodgkin lymphoma (classic)</li> </ul>			
			Pediatric primary mediastinal large B-cell			
			<u>lymphoma</u>			
			Soft tissue sarcoma			
9113			For providers with a specialty other than	The limitations listed above were		Medicaid- Louisiana
			pharmacy, we limit reimbursement of charges	established according to the FDA-		
			for HCPCS code J9299 to no more than:	approved package insert, prescribing		
				information and pharmaceutical		
			1,885 units every 26 weeks for patients 4-7	compendia.		
			years old if billed with any of the following			
			diagnoses:	Note: The limitations described above		
			• Bone cancer	are based on maximum dosages		
			<ul> <li>Hodgkin lymphoma (classic)</li> </ul>	established in milligrams. If any units are		
			Pediatric diffuse high-grade glioma	denied, the provider may dispute the		
		Lauriaiana Baadiaaid.	<ul> <li>Pediatric Hodgkin lymphoma (classic)</li> </ul>	decision through the appropriate		
	<b>HCPCS - Drugs &amp;</b>	Louisiana Medicaid:	Pediatric primary mediastinal large B-cell	process. The provider may submit	F. aliah	
	<u>Biologicals</u>	Nivolumab, 1 mg –	<u>lymphoma</u>	information, including medical notes	<u>English</u>	
		HCPCS code J9299	Soft tissue sarcoma	showing the patient's body weight, that		
				substantiates the medical necessity of		
			2,964 units every 26 weeks for patients 8–11	the additional units.		
			years old if billed with any of the following			
			diagnoses:			
			• Bone cancer			
			Hodgkin lymphoma (classic)			
			Pediatric diffuse high-grade glioma			
			Pediatric Hodgkin lymphoma (classic)			
			Pediatric primary mediastinal large B-cell			
			lymphoma			
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			Soft tissue sarcoma  4,875 units every 26 weeks for patients 12 or older if billed with any of the following			
			<ul> <li>diagnoses:         <ul> <li>Bone cancer</li> <li>Hodgkin lymphoma (classic)</li> <li>Pediatric diffuse high-grade glioma</li> </ul> </li> <li>Pediatric Hodgkin lymphoma (classic)</li> </ul>			
0111			Pediatric primary mediastinal large B-cell lymphoma     Soft tissue sarcoma	The limitations listed above were		Madicaid Louisiana
9111	HCPCS - Drugs & Biologicals	Louisiana Medicaid: Nivolumab, 1 mg – HCPCS code J9299	For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code J9299 to no more than:  435 units within a 6-week period for patients 4–7 years old if billed with any of the following diagnoses:  • Bone cancer • Hodgkin lymphoma (classic) • Pediatric diffuse high-grade glioma • Pediatric Hodgkin lymphoma (classic) • Pediatric primary mediastinal large B-cell lymphoma • Soft tissue sarcoma  684 units within a 6-week period for patients 8–11 years old if billed with any of the following diagnoses: • Bone cancer • Hodgkin lymphoma (classic) • Pediatric diffuse high-grade glioma • Pediatric Hodgkin lymphoma (classic) • Pediatric primary mediastinal large B-cell lymphoma • Soft tissue sarcoma	The limitations listed above were established according to the FDA-approved package insert, prescribing information and pharmaceutical compendia.  Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.	<u>English</u>	Medicaid- Louisiana

	1,125 units within a 6-week period for patients		
	12 or older if billed with any of the following		
	diagnoses:		
	• Bone cancer		
	<ul> <li>Hodgkin lymphoma (classic)</li> </ul>		
	Pediatric diffuse high-grade glioma		
	<ul> <li>Pediatric Hodgkin lymphoma (classic)</li> </ul>		
	Pediatric primary mediastinal large B-cell		
	lymphoma		
	Soft tissue sarcoma		