

Opdivo (nivolumab) — HCPCS J9299

CARECOST ESTIMATE · BILLING CHEAT SHEET

Bristol Myers Squibb 40 / 100 / 120 / 240 mg single-dose vials (25 mg/mL) IV infusion (30 min) q2w or q4w Reviewed: May 2, 2026

ASP: Q2 2026

HCPCS J9299 1 mg = 1 unit	DOSE 240 units 240 mg q2w (or 480 q4w)	MODIFIER JZ No waste at flat dose	ADMIN CPT 96413 Chemo IV, 1st hr (+96415)	MEDICARE ASP+6% \$33.624 /mg · \$8,069.76/240 mg
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CODES & NDC

HCPCS	J9299 — "Injection, nivolumab, 1 mg" (permanent, eff. 1/1/2016)
NDC (SINGLE)	00003-3772-11 — 1-vial carton
NDC (DUAL)	00003-3734-13 — 2-vial carton
VIALS	40 mg / 4 mL, 100 mg / 10 mL, 120 mg / 12 mL, 240 mg / 24 mL (all 25 mg/mL, single-dose)
SC SISTER	Opdivo Qvantig (nivolumab + hyaluronidase) — HCPCS J9289 "Inj nivolumab 2 mg hyaluron" eff. 7/1/2025
BENEFIT	Medical (provider buy-and-bill)

DOSING

- **240 mg IV every 2 weeks** (26 doses/year) — 1 × 240 mg vial, no waste
- **480 mg IV every 4 weeks** (13 doses/year) — 2 × 240 mg vials, no waste
- Infused over 30 min; 1 mg = 1 unit
- Combo (Yervoy/ipilimumab): nivolumab 3 mg/kg or 360 mg q3w + chemo — weight-based regimens may have waste → JW
- Pediatric weight-based (cHL, MSI-H/dMMR): partial-vial waste → JW

ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV infusion, initial up to 1 hr (primary)
96415	Each additional hour (rare for 30-min Opdivo)
96365/96366	Not appropriate — PD-1 inhibitors use chemo admin codes
96417	Sequential infusion (Opdivo + Yervoy combo)

JZ required on flat-dose claims (240 mg, 480 mg) — no waste with 240 mg vial or 2×240 mg combo. **JW** on weight-based (mg/kg) doses with documented discard.

ICD-10 — COMMON INDICATIONS (15+ APPROVED)

INDICATION	CODE
Melanoma (adv/met, adjuvant)	C43.x
NSCLC (PD-L1 for 1L)	C34.x
Mesothelioma (+ Yervoy)	C45.0
HNSCC	C00-C14, C32
Classical Hodgkin Lymphoma	C81.x
Urothelial carcinoma	C67.x
MSI-H / dMMR CRC	C18-C20 + biomarker
Gastric / GEJ / esophageal	C15.x, C16.x
HCC (2L+)	C22.0
RCC (+ Yervoy or + cabozantinib)	C64-C66

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	NOTES
UnitedHealthcare	Yes	PD-L1/biomarker docs for select indications
Aetna	Yes	Strict for NSCLC 1L (TPS), HNSCC, gastric, CRC
Anthem / Carelon	Yes	Site-of-care steerage
Medicare (MAC LCDs)	No PA	Coverage per FDA label + NCCN

Biomarker: PD-L1 IHC **Dako 28-8 pharmDx** (CPT 88360 / 88361) for Opdivo — not 22C3. Submit with PA for NSCLC, HNSCC, gastric/GEJ, esophageal indications.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$33.624 / mg (4/1 – 6/30/2026)
240 mg dose (q2w)	\$8,069.76
480 mg dose (q4w)	\$16,139.52
Annualized (240 mg q2w × 26)	~\$209,814
Sequestration ~2%	Net ~ASP + 4.3%

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	30-min fits cleanly
Ambulatory infusion	49	Common; payer-preferred
Hospital outpatient	19/22	UHC/Aetna disfavor for non-complex pts
Home infusion	12	Rare; SC Qvantig may shift this

PATIENT ASSISTANCE — BMS ACCESS SUPPORT

- **Phone:** 1-800-861-0048 (benefits, PA, appeals)
- **Web:** bmsaccesssupport.com
- **Opdivo Co-Pay Assistance:** commercially-insured pts; **excludes Medicare/Medicaid/federal**
- **BMS Patient Assistance Foundation:** free product for uninsured/underinsured meeting income limits (501(c)(3))

BOXED WARNING — Immune-Mediated Adverse Reactions: Severe and fatal pneumonitis, colitis, hepatitis, endocrinopathies, nephritis, dermatologic, and other irAEs in any organ. Higher frequency with Opdivo + Yervoy combo. Monitor early; corticosteroids; permanent discontinuation may be required. Allogeneic HSCT post-Opdivo: severe GVHD/transplant complications.