Clinical Policy: Nivolumab/Relatlimab-rmbw (Opdualag)
Reference Number: ERX.SPA.480
Effective Date: 09.01.22
Last Review Date: 08.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Nivolumab/relatlimab-rmbw (Opdualag™) is a fixed-dose combination of blocking antibodies against programmed death receptor-1 (PD-1) and lymphocyte activation gene-3 (LAG-3) .

FDA Approved Indication(s)
Opdualag is indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Opdualag is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Melanoma (must meet all)**:**

1. Diagnosis of unresectable or metastatic melanoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 12 years;
4. Weight ≥ 40 kg;
5. Request meets one of the following (a or b):*
   a. Dose does not exceed 480 mg of nivolumab and 160 mg of relatlimab every 4 weeks;
   b. Dose is supported by practice guideline or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Melanoma (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions, or documentation supports that member is currently receiving Opdualag for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 480 mg of nivolumab and 160 mg of relatlimab every 4 weeks;
   b. New dose is supported by practice guideline or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
LAG-3: lymphocyte activation gene-3
PD-1: programmed death receptor-1

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Melanoma (unresectable or metastatic)	480 mg nivolumab with 160 mg relatlimab IV every 4 weeks	See dosing regimen

VI. Product Availability

Single-dose vial: 240 mg of nivolumab and 80 mg of relatlimab per 20 mL

VII. References

1. Opdualag Prescribing Information. Princeton, NJ: Bristol Myers Squibb: March 2022. Available at https://www.opdualag.com. Accessed March 30, 2022
2. Non-small Cell Lung Cancer (Version 3.2022). In: National Comprehensive Cancer Network Guidelines. Available at www.nccn.org. Accessed March 31, 2022.
3. Tawbi HA, Schadendorf D, Lipson EJ, et al. Relatlimab and nivolumab versus nivolumab in untreated advanced melanoma. N Engl J Med. 2022 January; 386(1):24-34. doi: https://www.doi.org/10.1056/NEJMoa2109970.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	03.31.22	08.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of

physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.