Reference number(s)
5318-A

Specialty Guideline Management Opdualag

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Opdualag	nivolumab and relatlimab-rmbw

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Opdualag is indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.

All other indications are considered experimental/investigational and not medically necessary.

Compendial Uses[2]

- Resectable melanoma
- Limited resectable melanoma

Coverage Criteria

Melanoma[1,2]

- Authorization of 6 months may be granted for treatment of adult members and children, 12 years of age and older weighing at least 40kg, with unresectable or metastatic melanoma.
- Authorization of 6 months may be granted for neoadjuvant treatment of resectable or limited resectable melanoma.

Continuation of Therapy

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Opdualag [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2024.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed November 14, 2024.