Reference number(s)
7577-A

Specialty Guideline Management Tudriqev

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
Tudriqev	vusolimogene oderparepvec-wtpg

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 Indication[1]

Tudriqev is indicated in combination with nivolumab for the treatment of adult patients with unresectable advanced cutaneous melanoma who experienced disease progression with a programmed death receptor-1 (PD-1)-blocking antibody-based regimen.

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

Coverage Criteria

Cutaneous Melanoma[1]

Authorization of 12 months may be granted for the treatment of unresectable advanced cutaneous melanoma when the member has experienced disease progression with a programmed death receptor-1

(PD-1)-blocking antibody-based regimen and the requested medication will be used in combination with nivolumab.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Tudriqev [package insert]. Framingham, MA: Replimune, Inc.; August 2026.