Opdualag™ (nivolumab/relatlimab-rmbw)
(Intravenous)

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I. Length of Authorization [1]

- Initial: Prior authorization validity will be provided initially for 6 months, unless otherwise specified.
  - Neoadjuvant treatment of Cutaneous Melanoma: Prior authorization validity will be provided initially for 2 doses only.
- Renewal: Prior authorization validity may be renewed every 6 months thereafter, unless otherwise specified.
  - Neoadjuvant treatment of Cutaneous Melanoma: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- 160 billable units (480 mg nivolumab/160 mg relatlimab) every 28 days

III. Initial Approval Criteria [1]

Prior authorization validity is provided for the following conditions:

- Patient is at least 12 years of age; **AND**

Universal Criteria [1-3]

- Patient weighs at least 40 kg; **AND**
- Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy, unless otherwise specified [Δ]; **AND**

Cutaneous Melanoma † ‡ Φ [1-4]

- Used as first-line therapy for unresectable or metastatic* disease; **OR**
- Used as subsequent therapy unresectable or metastatic* disease; **AND**
  - Used for disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); **OR**
- Used as neoadjuvant therapy; **AND**
  - Patient has stage III disease; **AND**
    - Used as primary treatment for clinically positive, resectable nodal disease; **OR**
    - Used for limited resectable disease with clinical satellite/in-transit metastases; **OR**
  - Patient has limited resectable local satellite/in-transit recurrence; **OR**
  - Patient has resectable disease limited to nodal recurrence

**Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, as well as unresectable/borderline resectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease.*

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

Enhanced Oncology Value (EOV) Program – Redacted indications
Uses not listed above have inadequate data to support efficacy and are excluded from prior authorization validity. Other treatment options including, but are not limited to, the following may be appropriate: radiation therapy, surgery, traditional chemotherapy (e.g., platinum, taxane), compassionate use/expanded access programs, clinical trials, supportive care, integrative and complementary therapies.

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria [1-4]

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion-related reactions, complications of allogeneic hematopoietic stem cell transplantation (HSCT), severe immune-mediated adverse reactions (i.e., pneumonitis, colitis, hepatitis, endocrinopathies, nephritis/renal dysfunction, dermatologic adverse reactions/rash, etc.), etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

Δ Notes:
- Patients who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate PD-directed therapy for metastatic disease.
- Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration Δ 1,5

Indication	Dose
Cutaneous Melanoma	Adult and pediatric patients ≥12 years of age who weigh at least 40 kg: • Neoadjuvant treatment: Administer 480 mg nivolumab and 160 mg relatlimab (contents of 2 vials) intravenously every 4 weeks for 2 doses • All other treatment settings: Administer 480 mg nivolumab and 160 mg relatlimab (contents of 2 vials) intravenously every 4 weeks until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9298 – Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg; 1 billable unit = 3 mg nivolumab/1 mg relatlimab-rmbw

NDC:

- Opdualag 240 mg of nivolumab and 80 mg of relatlimab per 20 mL single-dose vial: 00003-7125-xx

VII. References (STANDARD)

1. Opdualag [package insert]. Princeton, NJ; Bristol-Myers Squibb Company; March 2024. Accessed July 2025.

2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) nivolumab-relatlimab. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed July 2025.
3. Tawbi HA, Schadendorf D, Lipson EJ; RELATIVITY-047 Investigators, et al. Relatlimab and nivolumab versus nivolumab in untreated advanced melanoma. *N Engl J Med*. 2022;386:24-34.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Melanoma: Cutaneous. Version 2.2025. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed July 2025.
5. Amaria RN, Postow M, Burton EM, et al. Neoadjuvant relatlimab and nivolumab in resectable melanoma. Nature 2022;611:155-160. Erratum in: Nature 2023;615:E23.

VIII. References (ENHANCED)

1e. Robert C, Long GV, Brady B, et al. Nivolumab in previously untreated melanoma without BRAF mutation. N Engl J Med. 2015 Jan 22;372(4):320-30. doi: 10.1056/NEJMoa1412082.
2e. Larkin J, Chiarion-Sileni V, Gonzalez R, et al. Combined Nivolumab and Ipilimumab or Monotherapy in Untreated Melanoma [published correction appears in N Engl J Med. 2018 Nov 29;379(22):2185]. N Engl J Med. 2015;373(1):23–34. doi:10.1056/NEJMoa1504030.
3e. Robert C, Schachter J, Long GV, et al. Pembrolizumab versus Ipilimumab in Advanced Melanoma. N Engl J Med. 2015 Jun 25;372(26):2521-32. doi: 10.1056/NEJMoa1503093.
4e. Ascierto PA, Lipson EJ, Dummer R, et al. Nivolumab and Relatlimab in Patients With Advanced Melanoma That Had Progressed on Anti-Programmed Death-1/Programmed Death Ligand 1 Therapy: Results From the Phase I/IIa RELATIVITY-020 Trial. J Clin Oncol 2023; :JCO2202072.
5e. Burton EM, Milton DR, Tetzlaff MT, et al. Long-Term Survival and Biomarker Analysis Evaluating Neoadjuvant Plus Adjuvant Relatlimab (anti-LAG3) and Nivolumab (anti-PD1) in Patients With Resectable Melanoma. J Clin Oncol. 2025 Jul 10:JCO2500494.
6e. Versluis JM, Menzies AM, Sikorska K, et al. Survival update of neoadjuvant ipilimumab plus nivolumab in macroscopic stage III melanoma in the OpACIN and OpACIN-neo trials. Ann Oncol. 2023 Apr;34(4):420-430.
7e. Prime Therapeutics Management. Opdualag Clinical Literature Review Analysis. Last updated July 2025. Accessed July 2025.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC