BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.190

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	April 15, 2022
Subject:	Opdualag	**Page:**	1 of 4

Last Review Date: March 7, 2025

Opdualag

Description

Opdualag (nivolumab and relatlimab-rmbw)

Background
Opdualag is a human IgG4 monoclonal antibody and is a combination of nivolumab, a programmed death receptor-1 (PD-1) blocking antibody, and relatlimab, a lymphocyte activation gene-3 (LAG-3) blocking antibody. Antagonism of the LAG-3 pathway promotes T-cell proliferation and cytokine secretion. Upregulation of PD-1 ligands occurs in some tumors which inhibits T-cell proliferation and cytokine production. PD-1 blocking by nivolumab decreases tumor growth. LAG-3 blockade potentiates the anti-tumor activity of PD-1 blockage, inhibiting tumor growth and promoting tumor regression (1).

Regulatory Status
FDA-approved indication: Opdualag is indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma (1).

Opdualag carries warnings regarding severe and fatal immune-mediated adverse reactions, infusion-related reactions, and complication of allogenic hematopoietic stem cell transplantation (1).

Opdualag can also cause fetal harm when administered to a pregnant woman. Pregnant women should be advised of the potential risk to a fetus. Females of reproductive potential should be advised to use effective contraception during treatment with Opdualag and for at least 5 months after the last dose of Opdualag (1).

The safety and effectiveness of Opdualag have not been established in pediatric patients less than 12 years of age or in pediatric patients 12 years or older who weigh less than 40 kg (1).

Related Policies
Keytruda, Opdivo

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Opdualag may be considered **medically necessary** if the conditions indicated below are met.

Opdualag may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Unresectable or metastatic melanoma
    a. Age 12-17 **only**: patient weight ≥ 40 kg

AND ALL of the following:

a. Prescriber agrees to monitor liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment
b. Prescriber agrees to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function, and endocrinopathies) or disease progression
c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Opdualag and for 5 months after the last dose

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Unresectable or metastatic melanoma
    a. Age 12-17 **only**: patient weight ≥ 40 kg

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor liver enzymes, creatinine, and thyroid function periodically during treatment
c. Prescriber agrees to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function, and endocrinopathies) or disease progression
d. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Opdualag and for 5 months after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 6 single-dose vials every 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Opdualag is a combination of nivolumab and relatlimab and is indicated for unresectable or metastatic melanoma. Opdualag has warnings including severe and fatal immune-mediated adverse reactions and infusion-related reactions. The safety and effectiveness of Opdualag have not been established in pediatric patients less than 12 years of age or in pediatric patients 12 years or older who weigh less than 40 kg (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Opdualag while maintaining optimal therapeutic outcomes.

References

1. Opdualag [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2024.
2. NCCN Drugs & Biologics Compendium® Nivolumab and relatlimab-rmbw 2025. National Comprehensive Cancer Network, Inc. Accessed on January 27, 2025.

Policy History

Date	Action
April 2022	Addition to PA
June 2022	Annual review and reference update
September 2022	Annual review and reference update
September 2023	Annual review and reference update
March 2024	Annual review and reference update
September 2024	Annual review and reference update
December 2024	Annual review and reference update
March 2025	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.