Drug Policy:

Opdualag™ (nivolumab and relatlimab-rmbw)

POLICY NUMBER UM ONC_1462	SUBJECT Opdualag™ (nivolumab and relatlimab-rmbw)		DEPT/PROGRAM UM Dept	PAGE 1 of 3
DATES COMMITTEE REVIEWED 05/11/22, 02/08/23, 02/14/24	APPROVAL DATE February 14, 2024	EFFECTIVE DATE February 23, 2024	COMMITTEE APPROVAL DATES 05/11/22, 02/08/23, 02/14/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid, Medicare	

I. PURPOSE

To define and describe the accepted indications for Opdualag (nivolumab and relatlimab-rmbw) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The member has not experienced disease progression on the requested medication AND
2. The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
3. Additional medication(s) are not being added to the continuation request.

B. Melanoma

1. Opdualag (nivolumab and relatlimab-rmbw) may be used as first line therapy, in adult or pediatric members 12 years of age or older who weigh at least 40 kg (88 pounds) with unresectable or metastatic (Stage III-IV) cutaneous melanoma, regardless of BRAF mutation status.

III. EXCLUSION CRITERIA

A. Disease progression on or after receiving Opdualag (nivolumab and relatlimab-rmbw).

B. Disease progression on prior Immune Checkpoint Inhibitor therapy (e.g., ipilimumab, ipilimumab + nivolumab, pembrolizumab).

C. Concurrent use with other anticancer therapy.

D. Use of Opdualag (nivolumab and relatlimab-rmbw) for the treatment of uveal melanoma.

E. Use of Opdualag (nivolumab and relatlimab-rmbw) in members 12 years and older weighing less than 88 pounds (40 kg), safety and efficacy is unknown in this setting.

F. Dosing exceeds single dose limit of Opdualag (nivolumab and relatlimab-rmbw) 480 mg nivolumab and 160 mg relatlimab (for members greater than 40Kg).

G. Investigational use of Opdualag (nivolumab and relatlimab-rmbw) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Tawbi HA, et al. RELATIVITY-047 Clinical Trial. Relatlimab and Nivolumab versus Nivolumab in Untreated Advanced Melanoma. N Engl J Med. 2022 Jan 6;386(1):24-34.

B. Opdualag prescribing information. Bristol-Myers Squibb Company Princeton, NJ 2022.

C. Clinical Pharmacology Elsevier Gold Standard 2023.

D. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

E. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

F. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.

G. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

H. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

I. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.