Mass General Brigham
Health Plan

Opdualag (nivolumab and relatlimab-rmbw)
Effective 11/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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

Coverage Guidelines
Authorization may be reviewed for members new to the plan who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member is 12 years of age or older weighing at least 40kg
2. Member has a diagnosis of unresectable or metastatic melanoma
3. Prescribing physician is an oncologist
4. Documented clinical inappropriateness with all of the following:
    a. Keytruda monotherapy
    b. Opdivo monotherapy

Continuation of Therapy
Reauthorization will be granted for a covered indication and physician attestation that there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

Review History

09/21/2022 – Reviewed and created for Sept P&T. Effective 11/01/2022

References

Opdualag [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2022.