

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### 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.

