Opdualag (nivolumab and relatlimab-rmbw)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Opdualag (nivolumab and relatlimab-rmbw) drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines, and clinical studies. Opdualag (nivolumab and relatlimab) is a fixed-dose combination of the LAG-3 blocking antibody relatlimab and the programmed death receptor-1 blocking antibody nivolumab.

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

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

POLICY

Criteria for Initial Approval

A. Melanoma

Authorization of 6 months may be granted for treatment of adult members and children, 12 years of age and older weighing at least 40kg, with unresectable or metastatic melanoma.

Continuation of Therapy

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Criteria for Initial Approval section when there is no evidence of unacceptable toxicity or disease progression whle on the current regimen.

Opdualag is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J9999 - not otherwise classified, antineoplastic drugs
- C9399 – unclassified drugs or biologicals
- J9298 – Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg (effective 10-1-2022)

REFERENCES

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

POLICY HISTORY

Policy #: 05.04.64
Original Effective Date: July 5, 2022
Reviewed: July 2022
Revised:
Current Effective Date: July 5, 2022