

**CLINICAL GUIDELINES FOR MEDICAL NECESSITY**

**MEDICAL POLICY**

# Nivolumab and relatimab-rmbw (Opdualag™)

Version: 1.0

**EFFECTIVE DATE: 1/1/2024**



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## Nivolumab and relatimab-rmbw (Opdualag™)

**Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at <http://www.cms.gov> for additional information.**

**Note: For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.**

## Nivolumab and relatimab-rmbw (Opdualag): Discussion

Nivolumab and relatimab-rmbw is a combination formulation composed of nivolumab, a type of monoclonal antibody therapy, which works to stimulate the immune system to destroy cancer cells. T-cells are a type of white blood cell that are important to the normal functioning of the immune system. Nivolumab works as a form of immunotherapy by binding to the "programmed death receptor" (PD1) found on T-cells to stimulate the immune system to find and kill cancer cells. Relatimab targets lymphocyte-activation gene 3 (LAG-3), a cell-surface receptor found on some T cells. Targeting LAG3 along with PD1 may help restore T-cells and can help with an anti-tumor immune response. <sup>1</sup>

Nivolumab and relatimab-rmbw is approved by the Food and Drug Administration (FDA) for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma. <sup>2</sup>

The National Comprehensive Cancer Network (NCCN) endorses nivolumab and relatimab-rmbw in the following cancer type: cutaneous melanoma. <sup>3</sup>

## Nivolumab and relatimab-rmbw: Definitions

- **Food and Drug Administration (FDA)** - The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.
- **National Comprehensive Cancer Network (NCCN)** - An alliance of thirty-two leading cancer centers devoted to patient care, research, and education. The NCCN guidelines are utilized for Radiation Therapy and Medical Oncology standards. NCCN consensus clinical standards are periodically updated and NantHealth, Inc. reviews these and updates its policies within a timely manner.
- **PD-1** - A protein found on T cells (a type of immune cell) that helps keep the body's immune responses in check. When PD-1 is bound to another protein called PD-L1, it

helps keep T cells from killing other cells, including cancer cells. Some anticancer drugs, called immune checkpoint inhibitors are used to block PD-1. When this protein is blocked, the immune system inhibitors are released and the ability of T cells to kill cancer cells is increased. <sup>4</sup>

## **Nivolumab and relatimab-rmbw: Policy**

Nivolumab and relatimab-rmbw: will be considered for coverage when the following criteria are met:

### **Melanoma: Cutaneous**

1. At least 12 years of age; AND <sup>2</sup>
2. Prescribed by or in consultation with an oncologist; AND
3. Systemic therapy for unresectable or widely disseminated distant metastatic disease for one of the following:
  - a) First-line therapy (combination checkpoint blockade)
  - b) Second-line or subsequent therapy for disease progression if single-agent anti-PD-1 therapy or combination checkpoint blockade was not previously used
  - c) Re-induction therapy if prior combination anti-PD-1/LAG-3 therapy resulted in disease control (complete response, partial response, or stable disease) with no residual toxicity, and disease progression/relapse >3 months after treatment discontinuation

### **Note:**

1. Metastatic disease includes stage III unresectable/borderline resectable disease with clinically positive node(s) or clinical satellite/in-transit metastases, or as unresectable local satellite/in-transit recurrence, unresectable nodal recurrence, and widely disseminated distant metastatic disease <sup>3</sup>
2. Coverage of nivolumab and relatimab-rmbw will be provided for an FDA-approved indication or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1, 2A, or 2B recommendation or when all criteria are met.

## **Authorization Period and Renewal Criteria**

1. Initial Authorization Period: 12 months
2. Renewal Criteria: No evidence of disease progression or unacceptable toxicity
3. Renewal Authorization Period: 12 months

## Nivolumab and relatimab-rmbw: References

1. Opdualag™ (nivolumab and relatimab-rmbw). <https://www.oncolink.org/cancer-treatment/oncolink-rx/opdualag-nivolumab-and-relatimab-rmbw>. Accessed August 18, 2023.
2. Nivolumab and relatimab-rmbw (Opdualag™) Package Insert. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/761234s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761234s000lbl.pdf). Accessed August 18, 2023.
3. National Comprehensive Cancer Network Guidelines. Melanoma: Cutaneous (Version 2.2023) [https://www.nccn.org/professionals/physician\\_gls/pdf/cutaneous\\_melanoma.pdf](https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf). Accessed August 18, 2023.
4. National Cancer Institute. PD-1. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pd-1>. Accessed August 21, 2023.

## Nivolumab and relatimab-rmbw: Coding (CPT®, ICD 10 and HCPCS) \*

\*Procedure codes appearing in medical policy documents are only included as a general reference. This list may not be all-inclusive and is subject to updates. In addition, the codes listed are not a guarantee of payment. CPT codes are available through the AMA.

CODE	DESCRIPTION
C43.9	Cutaneous Melanoma
J9298	Nivolumab and relatimab-rmbw

## Nivolumab and relatimab-rmbw: Revision and Review History

No.	Description	Date(s)
1	Original Effective Date:	1/1/2024
2	Policy Review Dates:	9/6/2023
3	Policy Revision Dates:	
4	Department Owner:	Medical Affairs
5	NH Advisory Committee Approval Dates:	9/29/2023
6	Revision Changes:	