Opdualag (nivolumab and relatlimab-rmbw)
PAM – 057

Iowa Medicaid Program	Prior Authorization	**Effective Date**	10/01/2022
Revision Number	4	**Last Reviewed**	07/17/2026
Reviewed By	Medicaid Medical Director	**Next Review**	07/16/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	07/21/2023

Overview

Medication: [1]	nivolumab and relatlimab-rmbw
Brand Name:	Opdualag®
Pharmacologic Category:	Antineoplastic; programmed death receptor-1 (PD-1) blocking antibody and lymphocyte activation gene-3 (LAG-3) blocking antibody
FDA-Approved Indication(s):	Treatment of unresectable or metastatic melanoma in pediatric patients 12 years of age and older who weigh at least 40 kg and in adults
How Supplied:	20 mL single-dose vial containing 240 mg of nivolumab and 80 mg of relatlimab
Dosage and Administration:	• Administer intravenously (IV) • 40 mL (480 mg nivolumab and 160 mg relatlimab) every 4 weeks until disease progression or unacceptable toxicity
Benefit Category:	Medical

Descriptive Narrative

Melanoma is the most serious form of skin cancer. In the United States, it is the fifth most common cancer in males and females; its incidence increases with age. As survival rates for people with melanoma depend on the stage of the disease at the time of diagnosis, early diagnosis is crucial to improve patient outcome and save lives. Although most melanomas are detected by patients themselves, clinician detection is associated with thinner, more curable tumors. Most patients with thin, invasive melanoma (Breslow thickness ≤1 mm) can expect prolonged disease-free survival and likely cure following treatment.[2]

Melanoma is rare in individuals younger than 20 years. In the United States, the estimated annual incidence rate was nine per million in those aged 15 to 19 years according to the 1975 through 2014 Surveillance, Epidemiology, and End Results (SEER) Cancer Statistics Review. Melanoma is even rarer in younger children, with estimated annual incidence rates of one, two, and three per million in the age groups 1 to 4, 5 to 9, and 10 to 14 years, respectively.

The management of pediatric melanoma is the same as for adults. Surgery remains the primary treatment modality for cutaneous melanoma, with a wide local excision to the deep fascia with an appropriate surgical margin of normal tissue is necessary for definitive treatment and pathologic staging. [3]

The American Cancer Society estimates that there will be 1,780 new cases of melanoma of the skin and 100 deaths in the state of Iowa in 2026.[4]

Guidelines

The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology document evidence-based, consensus-driven management to ensure that all patients receive preventive, diagnostic, treatment, and supportive services that are most likely to lead to optimal outcomes. The guidelines are developed and updated by 63 individual panels, comprising over 1,900 clinicians and oncology researchers from the 33 NCCN Member Institutions. The categories for recommendations are based on both the level of clinical evidence available and the degree of consensus within the NCCN Guidelines Panel.

The library of NCCN Guidelines® currently apply to more than 97 percent of people living with cancer or anyone at risk for a diagnosis of cancer in the United States. The guidelines incorporate real-time updates in keeping with the rapid advancements in the field of cancer research and management and are intended to assist all individuals who impact decision-making in cancer care, including physicians, nurses, pharmacists, payers, patients and their families, and others.

The NCCN Guidelines® provide recommendations based on the best evidence available at the time they are derived. Because new data are published continuously, it is essential that the NCCN Guidelines also be continuously updated and revised* to reflect new data and clinical information that may add to or alter current clinical practice standards.[5,6]

The information referenced at the time of this policy writing/revision (note version number and effective date) is from the NCCN Guidelines® for:[7]

- Melanoma: Cutaneous (v.2.2026 – April 17, 2026)

* To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

NCCN Guidelines® Recommendation(s) in Melanoma: Cutaneous

(1) Neoadjuvant Systemic Therapy [a, b, c]
  a. Other Recommended
    i. Nivolumab and Relatlimab-rmbw: Category 2A
(2) Metastatic or Unresectable Systemic Therapy
  a. First-Line Therapy
    i. Combination Checkpoint Blockage (Preferred) [d, e]
    ii. Nivolumab and Relatlimab-rmbw: Category 1
(3) Disease Progression, Intolerance, and/or Projected Risk of Progression with BRAF-Targeted Therapy
  a. Second-Line or Subsequent Therapy [f]
    i. Combination Checkpoint Blockade (Preferred) [e]
      1. Nivolumab and Relatlimab-rmbw [g]: Category 2A

[a] Most neoadjuvant clinical trials included no or few satellite/in-transit lesions. However, given their high degree of activity in other stage III/IV settings, similar therapeutic options can be considered as with clinically positive nodal disease.

[b] When systemic therapy is given, a neoadjuvant approach is generally favored; however, when patients experience excellent clinical/pathologic responses, complete excision may not be necessary, particularly when clinically morbid.

[c] For low-volume-in-transit disease, the high risk of toxicities associated with certain combination regimens (nivolumab/ipilimumab or nivolumab and relatlimab) may outweigh the benefit.

[d] Combination immune checkpoint blockage is associated with improved response rate, progression-free survival (PFS), and OS compared with anti-PD-1 monotherapy. Considerations for using combination therapy versus monotherapy include: patient's desire for potentially improved efficacy and willingness to take on a higher-risk of toxicity; absence of comorbidities or autoimmune processes that would elevate the risk of immune-related adverse events (irAEs); and tumor burden and patient social support and preparedness to work with medical team to handle toxicities. The relative rate of irAEs are lowest with PD-1 monotherapy, and highest for nivo1/ipi3, with nivolumab/relatlimab-rmbw and nivo3/ipi1 being intermediate.

[e] Testing for tumor programmed cell death ligand 1 (PD-L1) should not guide clinical decision-making. The utility of this biomarker requires further investigation.

[f] For patients who experience progression of melanoma during or shortly after adjuvant or first-line therapy, consider second-line agents if not used first line and if from a different class. For patients who progressed on a single-agent anti-PD-1 checkpoint immunotherapy, anti-PD-1/ipilimumab or nivolumab and relatlimab combination immunotherapy, or BRAF/MEK inhibitor combination therapy are reasonable treatment options. Ipilimumab monotherapy may also be considered, though it is less effective than combination therapy. For patients who experience disease control (CR, PR, or SD) and have no residual toxicity, but subsequently experience disease progression/relapse > 3 months after treatment discontinuation, reinduction with the same agent or same class of agents may be considered.

[g] Nivolumab and relatlimab-rmbw showed a 9% – 12% overall response rate (ORR) in patients with PD-1/PD-L1 refractory disease.

NCCN Categories of Evidence and Consensus (all recommendations are category 2A unless otherwise indicated)	
Category 1	Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A	Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2B	Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
Category 3	Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

NCCN Categories of Preference (all recommendations are considered appropriate)	
Preferred intervention	Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.
Other recommended intervention	Other interventions that may be somewhat less efficacious, more toxic, or based on less mature data; or significantly less affordable for similar outcomes.
Useful in certain circumstances	Other interventions that may be used for select patient populations (defined with recommendation).

Criteria

Prior authorization is required.

Opdualag® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of unresectable or metastatic melanoma; **AND**
2. Member meets both of the following (a and b):
    a. 12 years of age or older; **AND**
    b. Body weight of at least 40 kilograms (kg); **AND**
3. Member does **NOT** have active brain metastases or leptomeningeal metastases; **AND**
4. Prescribed by, or in consultation with, an oncologist; **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 40 mL (480 mg nivolumab and 160 mg relatlimab) intravenously once every 4 weeks; or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Opdualag® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by tumor response or lack of disease progression, and an acceptable toxicity profile; **AND**
3. Prescribed by, or in consultation with, an oncologist; **AND**
4. Request meets one of the following (a or b):
    a. Regimen prescribed does not exceed 40 mL (480 mg nivolumab and 160 mg relatlimab) intravenously once every 4 weeks; or,
    b. Regimen is supported by clinical practice guidelines (i.e., must be recommended in NCCN Guidelines®). Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Approval Duration and Quantity Limits

	Initial Authorization	**Subsequent Authorization(s)**
Approval Duration	6 months	12 months
Quantity Limits	40 mL (480 mg nivolumab & 160 mg relatlimab) every 4 weeks until disease progression or unacceptable toxicity	

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg

ICD-10	Description
C43	Malignant melanoma of skin [excludes melanoma in situ (D03–D03.9), malignant melanoma of skin of genital organs (C51–C52; C60–C60.9; C63–C63.9), Merkel cell carcinoma (C4A–C4A.9), and sites other than skin (code to malignant neoplasm of the site)]

NDC	Strength	Labeler	Dosage	Pkg Size	Pkg Qty	Units /Pkg
00003-7125-11	240 mg nivolumab and 80 mg relatlimab per 20 mL single-dose vial	Bristol-Myers Squibb Company (00003)	3 mg/1 mg	1	EA	80

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Opdualag® prescribing information (03/2024). Bristol-Myers Squibb Company: Princeton, NJ. Available online: www.opdualaghcp.com. Accessed May 21, 2026.

[2] Swetter S, Geller AC. Melanoma: Clinical features and diagnosis. Corona R, ed. UpToDate. Waltham, MA: UpToDate, Inc. www.uptodate.com. Accessed May 21, 2026.

[3] Hawryluk EB, Pappo AS, et al. Melanoma in children and adolescents. Corona R, ed. UpToDate. Waltham, MA: UpToDate, Inc. www.uptodate.com. Accessed May 21, 2026.

[4] Cancer Statistics Center – State of Iowa. American Cancer Society. Available online at cancerstatisticscenter.cancer.org/states/iowa. Accessed May 21, 2026.

[5] National Comprehensive Cancer Network (NCCN). Guidelines Process: About Clinical Practice Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[6] National Comprehensive Cancer Network (NCCN). Guidelines Process: Development and Update of Guidelines. Available online at www.nccn.org. Accessed October 20, 2025.

[7] NCCN Clinical Practice Guidelines in Oncology. The NCCN Guidelines® are continuously updated and revised to reflect new data and clinical information that may add to or alter current clinical practice standards. To view the most recent and complete version, go online to NCCN.org. NCCN Guidelines® referenced at time of this revision (note version number and effective date):

- Melanoma: Cutaneous (v.2.2026 – April 17, 2026)

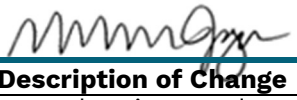
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
07/17/2026	CAC	Annual review. Updated Descriptive Narrative: updated American Cancer Society incidence estimates with 2026 data. Guidelines: reviewed and updated NCCN Guidelines. Updated references.	4
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/18/2025	CAC	Annual review. Updated melanoma statistics for Iowa for 2025. Reviewed NCCN Guidelines and edited footnotes. Updated references.	3
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/19/2024	CAC	Annual review. Updated melanoma statistics for Iowa for 2024. Reviewed and updated NCCN Guidelines®. Added dosing information into criteria. Updated references.	2
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/21/2023	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee