



GCHP Medi-Cal Clinical Guidelines Nivolumab and Relatlimab-rmbw (Opdualag™)

PA Criteria	Criteria Details		
Covered Uses (FDA approved indication)	Treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.		
Exclusion Criteria	Immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated dermatologic reactions, immune-mediated nephritis with renal dysfunction, immune-mediated myocarditis.		
Required Medical Information	FDA – approved indication and dosing regimen.		
Age Restriction	12 years of age and older. < 21 years of age – check for CCS eligibility.		
Prescriber Restrictions	Hematologist, Oncologist		
Coverage Duration	Initial: Six months Renewal: 12 months		
Other Criteria / Information	Adapted from DHCS Pharmacy Manual Chemo Drug n-o May 2024.		
	HCPCS	Description	Dosing, Units
	J9298	nivolumab and relatlimab-rmbw 3mg/1 mg injection (Opdualag)	Adults and pediatric patients 12 years of age or older who weigh at least 40kg: 480mg nivolumab and 160mg relatlimab IV every four weeks.

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	1/15/2025	N/A	Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	2/13/2025	Pharmacy & Therapeutics (P&T) Committee	6/1/2025