

NIVOLUMAB RELATLIMAB (Opdualag)

INDICATION (ICD10) C43

Check the most recent Blumetq eligibility criteria before prescribing. Blumetq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/) (NIVREL1)

1. As first immunotherapy for treating unresectable stage III or stage IV histologically confirmed or metastatic melanoma in patients aged 12 years or more. No symptomatic brain metastases or leptomeningeal metastases currently requiring steroids for symptom control. PS 0 or 1. (TA950)

REGIMEN

Day 1 NIVOLUMAB and RELATLIMAB 640mg in 100ml sodium chloride IV infusion over 30 minutes (640mg equivalent to nivolumab 480mg and relatlimab 160mg (240/80mg vial)).

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 28 days until disease progression up to a maximum 2 calendar years from 1st dose.

A formal medical review to assess the tolerability of treatment with nivolumab plus relatlimab will be scheduled to occur by the start of the 3rd 4-weekly cycle of treatment and thereafter on a regular basis.

ANTI-EMETICS

None required

CONCURRENT MEDICATION REQUIRED

None required

EXTRAVASATION AND TYPE OF LINE / FILTERS

Nivolumab and Relatlimab - neutral

Use low protein binding 0.2 to 1.2micron in-line or add-on filter.

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

Thyroid function baseline (TSH and T4), then every cycle

Random cortisol baseline, then every cycle

Prolactin, LH, FSH and oestradiol or testosterone every cycle

Random glucose every cycle

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Nivolumab and Relatlimab	Immune related toxicities - pneumonitis, colitis or hepatitis etc
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC)

Nivolumab and Relatlimab	-
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DOSE MODIFICATIONS

Non-haematological

Nivolumab and Relatlimab

Immune-related adverse reactions - refer to TV immuno-oncology agent immune related adverse event clinical guideline.

Hepatic impairment

Nivolumab and Relatlimab

No dose adjustment is required in patients with mild or moderate hepatic impairment. Data from patients with severe hepatic impairment are too limited to draw conclusions on this population.

Renal impairment

Nivolumab and Relatlimab

No dose adjustment is required in patients with mild or moderate renal impairment. Data from patients with severe renal impairment are too limited to draw conclusions on this population. If renal function is deteriorating, assessment is needed for possible immunotherapy-induced renal toxicity.

REFERENCES

SPC