Optum Rx®

Opdivo® (nivolumab), Yervoy® (ipilimumab) – New indications

- On May 27, 2022, Bristol Myers Squibb announced the FDA approval of Opdivo (nivolumab):
    - In combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adult patients with unresectable advanced or metastatic esophageal squamous cell carcinoma (ESCC); and
    - In combination with Yervoy (ipilimumab), for the first-line treatment of adult patients with unresectable advanced or metastatic ESCC.

- Opdivo was previously approved for two other uses for esophageal cancer:
    - For the adjuvant treatment of completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease in adult patients who have received neoadjuvant chemoradiotherapy; and
    - For the treatment of adult patients with unresectable advanced, recurrent, or metastatic ESCC after prior fluoropyrimidine- and platinum-based chemotherapy.

- In addition to esophageal cancer, Opdivo is also approved for unresectable or metastatic melanoma; adjuvant treatment of melanoma; neoadjuvant treatment of resectable non-small cell lung cancer; metastatic non-small cell lung cancer; malignant pleural mesothelioma; advanced renal cell carcinoma; classical Hodgkin lymphoma; squamous cell carcinoma of the head and neck; urothelial carcinoma; microsatellite instability-high or mismatch repair deficient metastatic colorectal cancer; hepatocellular carcinoma; and gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma.

- In addition to esophageal cancer, Yervoy is also approved for unresectable or metastatic melanoma; adjuvant treatment of melanoma; advanced renal cell carcinoma; microsatellite instability-high or mismatch repair deficient metastatic colorectal cancer; hepatocellular carcinoma; metastatic non-small cell lung cancer; and malignant pleural mesothelioma.

- The approval of Opdivo and Yervoy for the new indications was based on CheckMate-648, a randomized, active-controlled, open-label study in 970 patients with previously untreated unresectable advanced, recurrent or metastatic ESCC. Patients were randomized to receive one of the following treatments: Opdivo plus fluorouracil and cisplatin; Opdivo plus Yervoy; or fluorouracil plus cisplatin. The major outcome measures were overall survival (OS) and progression-free survival (PFS) in patients with tumor cell (TC) PD-L1 expression ≥ 1%. Additional efficacy measures included OS and PFS in all randomized patients.

	Opdivo + chemotherapy	Opdivo + Yervoy	Chemotherapy	Opdivo + chemotherapy	Opdivo + Yervoy	Chemotherapy
	All patients			TC PD-L1 expression ≥1%		
OS						
Median OS, months	13.2	12.8	10.7	15.4	13.7	9.1
Hazard ratio (95% CI)	0.74 (0.61, 0.90)	0.78 (0.65, 0.95)	--	0.54 (0.41, 0.71)	0.64 (0.49, 0.84)	--
p-value	0.0021	0.0110	--	< 0.0001	0.0010	--
PFS						

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Median PFS, months	5.8	2.9	5.6	6.9	4.0	4.4
Hazard ratio (95% CI)	0.81 (0.67, 0.99)	1.26 (1.04, 1.52)	--	0.65 (0.49, 0.86)	1.02 (0.78, 1.34)	--
p-value	Not statistically significant	Not evaluated	--	0.0023	Not statistically significant	--

- When used in combination with fluoropyrimidine- and platinum-containing chemotherapy for ESCC, the recommended intravenous (IV) dose of Opdivo is 240 mg every 2 weeks or 480 mg every 4 weeks until disease progression, unacceptable toxicity, or up to 2 years.
- When used in combination with Yervoy for ESCC, the recommended IV dose of Opdivo is 3 mg/kg every 2 weeks or 360 mg every 3 weeks with Yervoy 1 mg/kg IV every 6 weeks until disease progression, unacceptable toxicity, or up to 2 years.
- Refer to the Opdivo and Yervoy drug labels for dosing for all their other uses and indications.