MEDICINE INFORMATION

Nivolumab + relatlimab (Opdualag, Relopduo in India)

Information for patients and caregivers about nivolumab + relatlimab: treatment, monitoring, side effects and everyday care.

Nivolumab + relatlimab at a glance

Opdualag is a fixed combination of nivolumab and relatlimab, two immunotherapy medicines. They are supplied together and given through a vein. The names can be written in either order.

The usual appointment pattern is every four weeks. There is no separate relatlimab tablet or routine extra nivolumab dose to take between visits. Use this guide with your personal plan, keeping the urgent contact details available to anyone helping with your care.

The fixed-dose nivolumab and relatlimab product is called Relopduo in India.

How the combination works

Nivolumab blocks an immune checkpoint called PD-1. Relatlimab blocks another called LAG-3. Blocking these signals can help immune cells act against cancer. The two medicines act on different control pathways, rather than doubling the dose of one drug.

Healthy organs can also become targets of immune inflammation. A new symptom can matter even if it appears unrelated to the cancer. Side effects do not reliably show whether the treatment is helping; scans and clinical review provide the information needed for that decision.

How the team decides whether it is suitable

Opdualag is used for selected patients with advanced melanoma that cannot be removed surgically or has spread. Your team considers the cancer, previous treatment, relevant test results, general health and applicable prescribing information. It is not a treatment for every skin cancer.

Mention autoimmune disease, previous organ or donor stem-cell transplantation, lung or heart problems, muscle or nerve conditions and any earlier severe immunotherapy reaction. These may affect whether this combination is suitable.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA, EMA and CDSCO

Unresectable or metastatic melanoma

- **US (FDA).** Unresectable or metastatic melanoma. For adults and young people aged 12 and older. The label establishes dosing for adolescents who weigh at least 40 kg.
- **EU (EMA).** Advanced melanoma. As first treatment for adults and young people aged 12 and older whose melanoma cannot be removed by surgery or has spread. Fewer than 1% of tumour cells must express PD-L1 on a validated test. The label establishes dosing for adolescents who weigh at least 30 kg.
- **India (CDSCO).** Unresectable or metastatic melanoma. For adults and young people aged 12 and older, using the fixed-dose combination given through a vein.

Before treatment starts

Your team will ask about autoimmune conditions, previous organ or donor stem-cell transplantation, lung or heart disease, infections and earlier cancer treatment. Mention previous severe reactions to any immunotherapy, even if you are now well. Tell them about pregnancy, breastfeeding, any possibility of pregnancy and whether you want to discuss fertility preservation before starting.

Bring a complete medicines list, including inhalers, eye drops, steroid creams, tablets, injections, vitamins and traditional or herbal remedies. A medicine taken only occasionally can still matter. Do not stop prescribed steroids or immune-suppressing treatment yourself; the team must weigh why you need them and how they fit with treatment.

Baseline tests usually include blood counts, kidney and liver function, blood sugar and thyroid function. Other hormone tests, heart tests or infection screening depend on your history and treatment plan. Record your usual bowel pattern, breathing, energy level and any existing rash. This makes it easier to identify a change rather than attributing everything to cancer.

Before leaving the first appointment, know how to reach your own hospital’s urgent oncology service, including outside clinic hours. Keep the treatment alert card or an up-to-date medicine record with you. A family member can help remember instructions and recognise changes you may not notice yourself.

How treatment is given

The standard fixed dose contains nivolumab 480 mg and relatlimab 160 mg, infused over about 30 minutes every four weeks. The total visit includes blood tests or their review, assessment, pharmacy preparation and any observation. Follow the unit’s arrival instructions rather than planning around 30 minutes alone.

The reviewed US label establishes this dose for adults and for eligible patients aged 12 or older weighing at least 40 kg. Current European information establishes the adolescent dose from age 12 at a weight of at least 30 kg. Your team checks the relevant product information; these regional thresholds should not be merged into one universal rule.

The nurse administers the prepared combination through a suitable intravenous line. Tell staff immediately about flushing, itching, chills, dizziness, chest or back discomfort, breathlessness or swelling. Do not try to tolerate a reaction to finish the infusion sooner. Report pain, leakage or swelling around the line as well.

There is no routine adjustment of just one component within the fixed product. Dose reductions are not recommended; important toxicity may require a pause or permanent discontinuation. Duration depends on the agreed plan, benefit and tolerability, not a universal stopping date.

If you miss an appointment, phone the unit to reschedule. Do not arrange an additional Opdivo infusion to compensate, because Opdualag already contains nivolumab.

Monitoring and checking response

Before treatment, staff review symptoms and blood results to check that another dose is appropriate. Some immune problems first appear on a blood test, before you feel unwell. Thyroid, liver, kidney or glucose abnormalities may need repeat tests, additional investigations or another specialist's advice.

Scans and, where appropriate, other disease measurements assess whether treatment is helping. Feeling well or having side effects cannot reliably tell you whether it is working. Occasionally immune inflammation complicates the interpretation of a scan; your oncologist decides whether a repeat scan or other assessment is appropriate. Worsening symptoms should still be reported promptly.

A dose may be delayed while a new symptom is investigated. Checkpoint antibodies are commonly withheld or stopped for significant toxicity rather than simply reduced to a smaller dose. This is a safety decision, not evidence that you have done anything wrong. The team balances cancer control with recovery and the risk of the same reaction happening again.

Common side effects and practical care

Side effects vary with the medicine, your health and any accompanying treatment. You may have several, a few or none. The effects described below can occur with this combination. Serious immune inflammation can sometimes begin with what seems like a mild everyday symptom. Frequency varies, so this guide does not attach a single percentage to effects across different treatment settings.

Tiredness and reduced energy

Plan demanding tasks for the time of day when you feel best, accept practical help and include gentle activity if you can. Rest is useful, but spending the entire day in bed can make weakness worse. A sudden increase in tiredness, dizziness or inability to manage normal activities needs assessment for anaemia, infection or hormone problems rather than being accepted as inevitable.

Skin rash and itching

Use a plain moisturiser, lukewarm water and comfortable clothing. Protect your skin from strong sunlight. Let the team know about a new rash; photographs can help show how it changes. Do not use a new medicated cream without checking. Blisters, peeling skin, mouth sores or a painful widespread rash need urgent help.

Loose stools or diarrhoea

Note how many times you pass stool compared with your normal pattern, whether it wakes you at night and whether there is pain, mucus or blood. Keep drinking unless you have a fluid restriction. Contact your team promptly for new or increasing diarrhoea. Do not repeatedly suppress it with over-the-counter medicines before the team has considered immune bowel inflammation.

Nausea, appetite changes and constipation

Small, regular meals and prescribed anti-sickness medicines may help. Ask for dietetic support if weight is falling or eating is difficult. Constipation can be related to other medicines or reduced activity; discuss an appropriate laxative rather than straining. Persistent vomiting, a swollen abdomen, severe pain or inability to keep fluids down requires urgent advice.

Muscle and joint discomfort

Gentle movement, pacing and the team’s recommended pain relief can help. Check before taking ibuprofen or similar anti-inflammatory medicines, especially with kidney problems or other treatment. New marked weakness, drooping eyelids, difficulty swallowing or dark urine is different from ordinary aching and needs urgent assessment.

Important side effects to recognise

Checkpoint treatment can make the immune system inflame healthy organs. Several organs can be affected together. Problems may appear during treatment or after it stops, and a symptom does not have to be dramatic to deserve attention.

Lung inflammation

New cough, breathlessness or chest discomfort can reflect inflammation called pneumonitis, infection or another problem. Contact the team promptly. Severe breathlessness, blue lips, collapse or difficulty speaking because of breathing requires emergency care.

Bowel and liver inflammation

Immune colitis can cause diarrhoea, cramps, blood or mucus, and occasionally serious bowel damage. Liver inflammation may initially show only on blood tests. Yellow eyes or skin, dark urine, right-sided upper abdominal pain or unusual bruising needs prompt assessment. Do not assume an existing digestive or liver condition explains a new change.

Hormone gland problems and diabetes

Thyroid, pituitary or adrenal inflammation can cause unusual tiredness, headache, feeling cold, weight changes, dizziness or altered mood. New excessive thirst and frequent urination can signal diabetes. Vomiting with marked thirst, deep or rapid breathing, confusion or severe weakness is an emergency. Some hormone deficiencies require long-term replacement even after the immune inflammation settles.

Kidney, heart, muscle and nerve problems

Reduced urine, blood in the urine or swelling may indicate kidney injury. Chest pain, palpitations, faintness, rapid weakness, swallowing difficulty, confusion or a seizure can signal serious heart or nervous-system effects. Heart, muscle and nerve inflammation can overlap. Do not wait for all the symptoms in a list to appear.

Eye problems, severe skin reactions and transplant complications

Eye pain, light sensitivity or new blurred vision needs urgent advice. Severe rash with blistering, peeling or mouth involvement needs immediate assessment. Checkpoint activation can also cause transplant rejection or complications around a donor stem-cell transplant. Tell every treating specialist that you have received this medicine.

How immune side effects are treated

Treatment may involve temporarily withholding immunotherapy, corticosteroids, hormone replacement or other specialist medicines. Severe reactions sometimes require hospital care and permanent discontinuation. Take the steroid taper exactly as prescribed; stopping abruptly can be dangerous. Early reporting often makes management more straightforward, but no one can promise that every effect will completely reverse.

The oncology team may involve an organ specialist. Bring your treatment alert card to emergency assessment; an emergency department may not have access to the cancer clinic’s records. Tell staff about current steroids and the last immunotherapy date. Do not wait for your next infusion appointment to report a problem.

When to get urgent medical help

Call local emergency services or go to the nearest emergency department immediately for severe breathing difficulty, severe chest pain, collapse, a seizure, major confusion, rapidly developing weakness, severe abdominal pain or a rapidly spreading blistering rash. Do not wait for a callback and do not drive yourself.

Contact your own oncology team or hospital’s urgent advice service promptly for new or worsening diarrhoea, cough, jaundice, reduced urine, persistent headache, visual change, excessive thirst, a new rash or a clear deterioration in how you feel. Mention the drug name and the date of your last dose, even if treatment has finished.

Follow your hospital’s temperature instructions. If you have not been given a threshold, seek urgent oncology advice for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling acutely unwell. Do not wait for fever if you are deteriorating. Measure temperature before taking fever-reducing medicine where possible, but do not delay seeking help.

Other medicines and vaccinations

Check new prescriptions, non-prescription medicines, supplements and herbal products with the cancer team or pharmacist. Avoid products marketed as “immune boosters”: they are not proven substitutes for treatment and can complicate safety assessment. Do not assume a natural product is harmless.

Steroids may be essential to treat immune side effects, despite the medicine's aim of activating immunity. Never withhold necessary steroids because you are worried they will cancel the treatment. Equally, do not start leftover steroid tablets yourself. If you require hormone replacement or long-term steroids, carry the relevant alert information.

Discuss influenza, COVID-19 and other vaccines with the team. Non-live vaccines are often appropriate, but timing and response depend on the full treatment, particularly immune-suppressing medicines. Live vaccines need specific specialist approval. There is no single post-treatment vaccine waiting period that is correct for every checkpoint-treated patient.

Everyday life during treatment

Eating does not alter the dose of a medicine given by infusion or injection. Aim for adequate fluids and regular food, adjusting for nausea or diarrhoea, and follow any kidney, heart or diabetes advice already in place. Avoid restrictive diets or supplements promising to improve immune treatment response.

Work and exercise can continue if you feel able, with flexibility around appointments and fatigue. Start activity gently and reduce it when unwell. Do not drive if you are dizzy, sleepy, weak, visually affected or unable to concentrate. Premedicines and pain medicines can also impair driving. Sudden neurological symptoms require assessment, not simply a rest before driving again.

Discuss travel before booking, especially long journeys or places far from emergency care. Keep your treatment record, medicines list and enough prescribed medicines with you. Tell dentists and other clinicians about immunotherapy before procedures. Wash hands, avoid close contact with people who are clearly infectious and use food safety precautions; complete isolation is not usually necessary solely because you are receiving a checkpoint inhibitor.

Sex is generally possible if comfortable, with the contraception precautions below. Symptoms, dryness or fatigue may affect intimacy and can be discussed without embarrassment. Emotional support can help with uncertainty between scans; report persistent anxiety, poor sleep or low mood rather than carrying it alone.

Fertility, pregnancy and breastfeeding

If you could become pregnant, use effective contraception during treatment and for at least five months after the final Opdualag dose. Pregnancy status should be checked before starting when relevant. Contact your team promptly if pregnancy is possible or contraception has failed.

US prescribing information advises not breastfeeding during treatment and for five months after the last dose. Current European information allows a different individual assessment after the early period following birth, when antibody transfer into milk is higher. Do not start or resume breastfeeding without an explicit specialist plan based on your applicable product information and the infant's circumstances.

The effect on future fertility is not fully established. Ask about preserving fertility before treatment if future parenthood matters to you. The interval for someone who can become pregnant is not automatically a universal waiting period for male partners; seek individual advice.

After a pause or the end of treatment

Keep attending the follow-up appointments and tests recommended by your team. Immune side effects can start after the final dose, so continue to mention previous immunotherapy when seeking medical care. Keep your alert card or treatment summary accessible and tell emergency staff about the medicine even months later.

Continue prescribed hormone replacement, steroid tapering and other supportive treatment. Do not stop these because the anticancer infusion has finished. Follow the specified contraception and breastfeeding restrictions from the date of the final relevant dose. Recovery is individual; ask for rehabilitation, nutritional support or help returning to work if symptoms persist.

Frequently asked questions

Is Opdualag one medicine or two?

It is one supplied product containing two active immunotherapy medicines, nivolumab and relatlimab. Both are infused together. A vial strength is not necessarily the entire prescribed dose, so pharmacy staff check the total amounts required.

Can I receive relatlimab separately?

Routine treatment uses the fixed combination Opdualag. Relatlimab is not a separate routine infusion to add or remove at home. If the plan changes, the oncologist must issue a new prescription and explain which medicine will continue.

Should I also receive Opdivo?

Opdualag already contains nivolumab, the active medicine in Opdivo. Additional nivolumab is not part of its usual schedule. Ask the team to reconcile any prescription listing both rather than assuming you need an extra dose.

Is this the same as nivolumab and ipilimumab?

No. Relatlimab acts on LAG-3, whereas ipilimumab acts on CTLA-4. These are different combinations, with different evidence and treatment plans. They should not be substituted because one name is unfamiliar or one appointment is shorter.

Why is the PD-L1 result relevant?

European authorisation specifies tumour-cell PD-L1 below 1% in its authorised first-line advanced-melanoma setting. US wording differs. Your team should explain the applicable rule and your result; a test does not guarantee a response or predict every side effect.

Do I need to have a positive LAG-3 test?

Routine prescribing does not require you to meet a positive LAG-3 expression threshold in the reviewed labels. The name of the checkpoint being blocked is not itself a test requirement. Your oncologist selects appropriate tests for the actual treatment setting.

Can adolescents receive the adult dose?

Eligibility and weight requirements need careful checking. The reviewed US dose is established from age 12 at 40 kg or more; current European information establishes it in adolescents from age 12 at 30 kg or more. Your team must use the relevant local product information.

How often will I attend for treatment?

The usual infusion is every four weeks and takes about 30 minutes. The visit lasts longer because assessment, preparation and any observation are additional. Do not assume you can safely skip blood tests to shorten an appointment.

Does treatment always stop after two years?

No single duration applies to every patient or healthcare system. The team considers clinical benefit, side effects and the agreed protocol. Ask what duration is intended for you and when the stopping decision will be reviewed.

Why are heart symptoms emphasised?

Heart inflammation, called myocarditis, is an important possible immune reaction with this combination. New chest pain, palpitations, faintness or breathlessness needs urgent assessment. Heart, muscle and nerve problems may overlap, so mention new weakness, drooping eyelids or difficulty swallowing as well.

Can I be well enough for treatment despite an abnormal blood result?

Some abnormal results need repeat testing, investigation or a delay even if you feel well. Liver, kidney and hormone problems can begin without obvious symptoms. Let the team interpret the result in context rather than deciding from symptoms alone.

Is a mild rash safe to ignore?

Report it so the team can suggest appropriate skin care and monitor progression. A painful rash, blisters, peeling or mouth sores needs urgent attention. Photographs can help describe changes, but taking photographs should never delay urgent assessment.

Should I use an anti-diarrhoea tablet first?

Contact the oncology team for a new bowel change and follow their plan. Repeatedly suppressing symptoms before assessment can delay recognition of immune colitis. Tell them about stool frequency, night-time stools, pain, mucus, blood and how much you can drink.

Can I develop diabetes during treatment?

Immune effects can interfere with insulin production. New marked thirst or frequent urination needs prompt assessment. Vomiting, deep or rapid breathing, confusion or profound weakness with these symptoms is an emergency, even if you never had diabetes before.

Will a lower dose solve an immune side effect?

Dose reduction is not the usual approach for Opdualag. The product contains both components in a fixed ratio. The team may pause or stop it and treat the inflammation, depending on the affected organ and severity.

Can I restart after an immune reaction?

That decision is individual and depends on the reaction, recovery and treatment required. Some serious reactions mean permanent discontinuation. Do not arrange a restart merely because symptoms have improved; the oncologist must review the full risk.

Will I always need steroids?

No. Steroids are used when the team judges them necessary for an immune problem, rather than automatically for every patient. If prescribed, take the course and gradual reduction exactly as directed. Hormone replacement may be a separate long-term need.

Can a reaction begin after the last infusion?

Yes. Keep your alert card and tell other clinicians about previous Opdualag. Continue follow-up and report new symptoms even months later. The absence of a future infusion appointment does not mean there is no longer a route for urgent oncology advice.

Can I work and spend time with family?

Usually this can continue as you feel able. Balance activity with rest and clinic visits. The treatment does not make you radioactive or contagious. Ask for individual infection precautions if steroids or other medicines are suppressing your immune system.

When can I consider pregnancy or breastfeeding?

If you could become pregnant, use effective contraception during treatment and for at least five months after the last dose. US information advises the same five-month interval before breastfeeding. Agree a written plan with the team rather than counting from the start of treatment.

Individual medicine guides

- Nivolumab

Sources and review information

Sources checked: 8 October 2026. Read with your prescribed product leaflet and your hospital's treatment plan.

Macmillan Cancer Support combination information

Cancer Research UK combination information

Bristol Myers Squibb Opdualag US prescribing information

EMA Opdualag product information

Indian trade name

- Bristol Myers Squibb India product information for Relopduo

Regulatory references

- FDA prescribing information for Opdualag
- CDSCO import approval for nivolumab plus relatlimab, 26 August 2025 (entry 131)

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