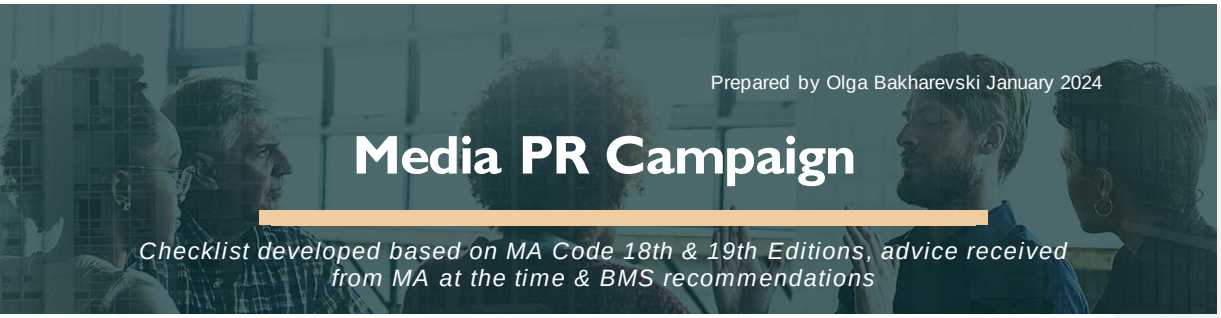

Prepared by Olga Bakharevski January 2024

Media PR Campaign

Checklist developed based on MA Code 18th & 19th Editions, advice received from MA at the time & BMS recommendations

Consumer Media (Consumer Press Release; Doctors & Patients Interviews; Mode of Action Videos, etc)

- ☐ **1.** Communication is non-promotional and cannot be construed as promotional
- ☐ **2.** It cannot be seen as favourable towards our product
  - a. Avoid "*we are excited to announce…*"
  - b. Avoid "TGA approved" (as it implies endorsement, use "registered")
  - c. Avoid extended campaigns that can be seen as promotional
- ☐ **3.** Quotes (from HCPs, patients and HCO) do not contain any favourable statements about the product
- ☐ **4.** No comparison to other products is made
- ☐ **5.** Media release **must contain** all of the following in the main body of the release:
  - a. the product's brand name
  - b. the Australian Approved (generic) Name of the active ingredients in the product
  - c. its approved indications
  - d. therapeutic class
  - e. PBS listings and restrictions or a notation if the products is not listed on the PBS
  - f. a summary of the side effect profile, product's precautions, adverse effects, warnings, contraindications and interactions consistent with the Minimum Product Information (use CMI language easy for lay person to understand)
- ☐ **6.** Media release may include:
  - a. mechanism of action (non-comparative)
  - b. price to the patient
  - c. date of product/indication/reimbursement availability
  - ~~c.~~d. 'About disease state' paragraph
- ☐ **7.** Language consideration ("people diagnosed with/living with" instead of "patients")
- ☐ **8.** No pack shots included

Commented [KB1]: Would prefer 'people living with' for consumer release.

- ✓ **9.** Link to CMI is included
- ☐ ~~**9.**~~ N.B. Do not use mention of the word 'safe' or 'effective'.

Commented [KB2]: In the Ntl consumer media release, add x1 quote for Ntl KOL, x1 quote for patient, x1 quote for PAG representative & x1 quote for BMS Medical Director.

For State-specific media release, retain x1 quote for Ntl KOL, add x1 quote for State-specific spokesperson, add x1 quote for State-specific patient, retain quote for x1 PAG and x1 quote for BMS Medical Director.

Medical Press Releases

The Medical media release **can be promotional** and must comply with the relevant provisions of Sections 1 and 2 of the Code (Promotional Claims and Materials Directed at HCPs).

- ☐ **1.** The Australian Approved (generic) Name of the active ingredient(s) placed adjacent to the most prominent presentation of the brand name
- ☐ **2.** Information provided is current, accurate, balanced, consistent with the approved product information, and does not mislead directly, by implication, or by omission
- ☐ **3.** Any claims reflect the body of evidence
- ☐ **4.** Statistical significance of comparative claims is stated
- ☐ **5.** There are no superlatives or 'hanging' comparatives
- ☐ **6.** Balanced information: sufficient safety information provided
  - a. Adverse Reactions
  - b. Precautions
  - c. Warnings
  - d. Contraindications
- ☐ **7.** "*Please review Product Information before prescribing*" statement is included
- ☐ **8.** Link to full PI or minimum PI is included
- ☐ **9.** PBS information statement is included
- ☐ **10.** References are included

Mandatories

- ☐ **1.** Statement referring to PI (Medical) or CMI (Consumer) with links is included
- ☐ **2.** Conflict of interest statement is included for HCP who provided quotes:

  "Dr. X has served on advisory boards and been involved in clinical trials sponsored by [Company Name] for which compensation was received. In relation to this [Company Name] media announcement, no compensation was provided to Dr X,

and the opinions expressed are their own. Dr X has been briefed by [Company Name] on the approved use of this product."

☐ **3.** Company's mandatories are included

☐ **4.** Written consent is received from HCPs/Patients for the use of their quotes or images

Nice to have

Explanation of trial data that supported the product PBS listing
About the product paragraph
Bristol Myers Squibb paragraph on therapeutic area e.g.
Cancer can have a relentless grasp on many parts of a patient's life, and Bristol Myers Squibb is committed to taking actions to address all aspects of care, from diagnosis to survivorship. As a leader in cancer care, Bristol Myers Squibb is working to empower all people with cancer to have a better future.

N.B. Encourage PR agency to reference in EndNote or a similar platform to allow for multiple reference amends if required.

Medical media summary

Should the medical media have insufficient space to run a long-form story on our product listing, we recommend producing a 150-word product summary, as the media often have space for 150 words and are likely to run our content verbatim.

The 150 word medical media summary essentially summarises the medical media release and includes:

- Title of approved medical media release
- First and second paragraph of approved medical media release
- Mention of the PBS trial data
- Call to action e.g. To learn more, contact BMS' Medical Information Department on 1800 067 567.

APPENDIX

Medicines Australia Newsletter

NFTHD #36 – Initiating a press release – when and how can we engage with media?

Published: May 6th, 2022
If in doubt, contact Code Help Desk (codehelpdesk@Medaus.com.au)

In recent weeks, we have received queries about when it is reasonable to put out a social media post or press release, and what it can say. Specifically, is it appropriate if it's an unregistered pipeline product that is publicly available on the TGA website?
***Code Edition 19 provides the ability for companies to proactively engage with media and other stakeholders, so long as the nature of the communication is strictly non-promotional**, and not made with any intention to inform patient-level prescribing, or any other clinical decision making relevant to individual patients (Section 11). **It doesn't necessarily limit such communication to products which are registered.** So, it can be appropriate to do so for an unregistered product, so long as this is clearly stated in your communication.*
*In any public announcement surrounding a prescription product, it is super important to craft your communication in a way that **ensures it can't be construed as promotional, or even a favourable** announcement. Avoid saying "we are excited to announce…", and lean towards "we have just received news from the TGA that ..(with a link to TGA)" In this way your post simply amplifies a TGA listing or delegation, rather than spinning your own announcement. It's also worth remembering that the TGA does not like companies to use 'TGA approved' as it implies greater endorsement than simply listing on the register. It is also safer to leave out product names. **Whilst the use of a product name by itself is not promotional**, the context in which it sits can change that interpretation easily.*
*A press **release directed specifically to the professional healthcare media** is something different again, because it's not considered a public announcement, rather it **is an interaction to healthcare professional** audience – and assuming this is limited to a registered product for an approved indication, the content can be promotional. In this context, as long as you know the content will be provided to a restricted HCP audience, you are permitted to make comparisons between, assert promotional claims, and discuss bioequivalence…. all inline with Sections 1 and 2 of the Code*
*So, if you are thinking of telling the wider world about the listing of your sponsored product, you can. There are no limitations on how often you can engage with mainstream media – just make sure you're non-promotional and keep in mind that a sustained campaign on media could be considered promotional, for example a story every week on trivial matters. **Stick to legitimate milestones.***

APPENDIX

Medicines Australia Advice on Opdualag Consumer PR campaign components

From: Code Helpdesk <CodeHelpdesk@medicinesaustralia.com.au>
Sent: Wednesday, January 17, 2024 5:28:18 PM
Subject: RE: upcoming media launch of Opdualag

Hi [BMS],

I would like to start with a caveat please - we assist with the interpretation and application of the Code, however the advice we provide is provided in good faith and not binding. Companies are empowered to make their own ethical decisions and are responsible for complying with the standards set by the Code. Only the independent Code of Conduct Committee can make decisions related to a breach of the Code. That said, we trust the following advice might be useful to your situation.

Given the most recent complaint (https://www.medicinesaustralia.com.au/wp-content/uploads/sites/65/2023/12/20231219_COMPLAINT-OUTCOME-1172-NUBEQA_final.pdf), there should be increasing care taken with public-facing product-specific announcements. There are no game changers involved, but being the most recent published complaint that related to a product-specific media announcement, I would suggest taking a good hard look at it.

In particular look at pages 7 and 8 :

- Is your 'campaign' directed to the public (albeit through the funnel of media) and designed to capture public attention with a view to having patients approach their treating healthcare professionals about the product?
- Is the statement and any materials in your campaign going beyond informing the public that the medicines has been PBS listed, and could a reasonable person regard the material as promoting a new therapy to the general public?
- The Committee advised against using terminology that asserted the medicine was effective, as this is understood to be a promotional claim.

So, from what you have provided, I have provided some comments in blue below. These are risks to highlight and for you to consider. I apologise in advance if you see them as negative. Rather, designed to highlight the risks for you to mitigate and decide internally.

Q: What are the current treatment options available for Australians living with advanced melanoma?
A: [Direct quote from HCP] The current available treatment options that are on the PBS available to all Australians living with advanced melanoma, include two major groups of drugs. One, are what we call immunotherapies or checkpoint inhibitors, and the second are targeted therapies, or BRAF MEK inhibitors. These drugs have shown definitively, to improve the overall survival, and potentially cure patients with advanced melanoma.

Commented [KB3]: Would suggest we do not use the word 'drugs' as it could imply illicit drugs. Rather, to a consumer audience, use the word 'medications' or 'medicines'. The word 'therapy' or 'therapies' can be used for HCP/medical facing media releases.

- It's not clear to me which drugs the HCP is referring to when he/she says that have shown definitely to improve the overall survival – do they mean all the drugs on the PBS to treat advanced melanoma? Could it be understood to be ~~t~~a promotional claim related to the class of drugs the medicine is included in?

- Even though it's the clinician talking, it is being communicated by the company sponsoring one of those products, which makes it effectively your comment to include or not. I would then suggest the words "potential cure" is a claim and could suggest hope for patients which is not something the piece needs to do (See Code at 13.2).

Q: What is so significant about today's PBS listing of a new treatment for advanced melanoma?
A: [HCP quote] It is of great significance that today, we now have another tool in our toolkit against advanced melanoma, trying to improve the overall survival, and quality of life of patients living with advanced melanoma, Australia's cancer.

- Only comment is that he/she is saying that the drug is trying to improve the overall survival. I'm guessing factual, but could also be perceived as promotional? Could a reasonable person regard this statement as promoting the new therapy/medicine to the general public? Could a person with advanced melanoma come to think that this therapy is what they need to increase their survival rate?

Why is it important for Australians living with advanced melanoma to have access to PBS subsidised medications?
It is absolutely critical that all Australians have access to life-saving treatments. And those with advanced melanoma need to have access to all the proven treatments, all the tools in our toolkit. And having this combination of nivolumab and relatlimab, is another tool in the toolkit that every Australian with advanced melanoma should have access to. And this is ensured by PBS listing of this combination.

- Only comment here is that it would have been great to have a caveat of sorts - that tools are in the realm of prescribing clinicians, as they, in conjunction with every individual patient, will know what's best for that particular person.
- It could also be construed as a claim that this drug is life-saving, and is proven. Could it be then a proven life saver drug?

EXAMPLES

Opdualag Consumer Press Release, 21 January 2024

New treatment for 'Australia's national cancer' – melanoma – set to be reimbursed

(AUSTRALIA, Melbourne, SUNDAY, JANUARY 21, 2024) – Australians aged 12 years and over diagnosed with an advanced stage of melanoma – 'Australia's national cancer' – will gain affordable access to a new treatment on the Pharmaceutical Benefits Scheme (PBS) from Thursday, February 1, 2024.[1]

OPDUALAG™ (nivolumab/relatlimab) – a combination of immunotherapies – is set to be reimbursed, and available for people diagnosed with melanoma that has spread (metastatic) or cannot be removed by surgery (unresectable).[1-3] Immunotherapies are treatments that aim to help the patient's own immune system to fight cancer.[4]

Australia has one of the world's highest rates of melanoma,[2] with more than 17,700 Australians estimated to have been diagnosed with the potentially devastating disease in 2022 alone.[5] The disease represents the third most commonly diagnosed cancer in Australia, and the most commonly diagnosed cancer in young Australians aged between 20-39 years.[6] While the majority of melanomas can be treated successfully with surgery if diagnosed early, estimates reveal in 2022, melanoma was associated with 1,281 deaths in Australia.[5]

According to Co-Medical Director of Melanoma Institute Australia, and 2024 NSW Australian of the Year, Professor Georgina Long AO, Sydney, more treatment options are required to support Australians living with advanced melanoma.

"Australians are more likely to develop melanoma of the skin because of the high levels of UV radiation due to our sunny climate. As a nation we also love our sports and the great outdoors," said Prof Long.

"While prevention is paramount in reducing the incidence of melanoma, those who develop advanced or metastatic melanoma should have access to all treatments that have demonstrated benefit in robust clinical trials.

"Since the approval of the first drug to inhibit an immune checkpoint more than 10 years ago, we've seen immunotherapy changing the approach to treatment of patients living with advanced melanoma. However more needs to be done to improve upon this, and this is our focus," Prof Long said.

When, James, 36, a civil project manager from Orange, NSW was diagnosed with advanced melanoma in February 2022, he was "caught off guard", given his age, persistence with sun protection, and no known family history of the disease at the time.

"I never suspected I would be diagnosed with advanced melanoma. I was only 35 years of age and thought I was bulletproof up until then.

"I put on a brave face and managed to get through it all without it affecting my career and my employees. But it had a big effect on my family life," said James.

Given James' first-hand experience of living with advanced melanoma, he welcomes today's PBS listing of another treatment option for the disease.

"The availability of another treatment broadens the range of treatments available, and improves patient access to treatment."

Founder and CEO of the Melanoma & Skin Cancer Advocacy Network (**MSCAN**), Tamara Dawson, Melbourne, similarly welcomed the reimbursement of OPDUALAG for Australians aged 12 years and over living with unresectable or metastatic melanoma.

"While great progress has been made in the treatment of advanced melanoma, we need more 'tools in the toolbox'.

"The reimbursement of this new combination immunotherapy provides an additional treatment option for people living with advanced melanoma, allowing them improved access to medicine when they need it most," Ms Dawson said.

General Manager for Bristol Myers Squibb Australia and New Zealand, Mr Owen Smith, Melbourne, said today's listing represents an important milestone for the Australian melanoma patient and clinician community, and the company.

"As the treatment landscape continues to change for Australians living with melanoma, we are proud of the role Bristol Myers Squibb has played and continues to play in delivering access to new treatments," said Mr Smith.

About metastatic and unresectable melanoma

Metastatic melanoma occurs when pigment-producing skin cells grow uncontrollably, forming a tumour that spreads beyond the skin to other organs.[8-9] For some people living with metastatic melanoma, their cancer cannot be surgically removed, meaning they have unresectable melanoma.[10]

About OPDUALAG

OPDUALAG is a combination of two immunotherapies, nivolumab and relatlimab, indicated for the treatment of patients with unresectable or metastatic melanoma who are at least 12 years old.[3] OPDUALAG acts on the immune system and may cause inflammation.[3] Inflammation may cause serious damage to a patient's body and some inflammatory conditions may be life-threatening.[3] The most frequent adverse events reported for OPDUALAG during clinical trials included musculoskeletal (muscles, joints and bone) pain, fatigue (feeling tired or weak), skin rash and itching, diarrhoea (watery, lose or soft stools), nausea, headache, underactive thyroid gland function, decreased appetite, cough and laboratory blood test abnormalities.[3] Other, less common, but significant adverse reactions included vitiligo (white patches of discoloration of the skin), underactive adrenal glands, myocarditis (inflammation of the heart), and hepatitis (inflammation of the liver).[3]

For more information, please refer to the Consumer Medicine Information (CMI) here.

Disclosure

Bristol Myers Squibb supports disclosure and transparency on interactions between the healthcare industry and healthcare professionals to ensure public trust and confidence. No expert spokespeople have been offered compensation for their involvement in this medical media campaign. All expert spokespeople have been briefed on the approved use of this product and their obligations with regard to promotion to the medical profession.

About Bristol Myers Squibb™

Bristol Myers Squibb™ is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information about Bristol Myers Squibb™, visit us at BMS.com or follow us on LinkedIn, Twitter, YouTube, Facebook and Instagram.

Bristol Myers Squibb: Creating a Better Future for People with Cancer

Bristol Myers Squibb is inspired by a single vision — transforming patients' lives through science. The goal of the company's cancer research is to deliver medicines that offer each patient a better, healthier life, and to make cure a possibility.

Building on a legacy across a broad range of cancers that have changed survival expectations for many, Bristol Myers Squibb researchers are exploring new frontiers in personalised medicine and, through innovative digital platforms, are turning data into insights that sharpen their focus. Deep understanding of causal human biology, cutting-edge capabilities, and differentiated research platforms uniquely position the company to approach cancer from every angle.

Cancer can have a relentless grasp on many parts of a patient's life, and Bristol Myers Squibb is committed to taking actions to address all aspects of care, from diagnosis to survivorship. As a leader in cancer care, Bristol Myers Squibb is working to empower all people with cancer to have a better future.

Further information is available on request from Bristol Myers Squibb Australia Pty Ltd, ABN 33 004 333 322, Level 2, 4 Nexus Court, Mulgrave, VIC, 3170. ™ Trademark. Prepared: January 2024.

References

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8 Davis, L. E., Shalin, S. C. & Tackett, A. J. Current state of melanoma diagnosis and treatment. *Cancer Biol Ther,* 20, 1366-1379, doi:10.1080/15384047.2019.1640032. (2019).
9 National Cancer Institute. *Definition of Cancer Terms: unresectable* https://www.cancer.gov/publications/dictionaries/cancer-terms/def/unresectable. (2023).

Opdualag Medical Media Release, 21 January 2024

Australia's novel dual immunotherapy set to be reimbursed for unresectable or metastatic melanoma

(AUSTRALIA, Melbourne, 12:01AM AEDT, Sunday, January 21, 2024) – OPDUALAG™ (nivolumab/relatlimab) – Australia's first combined anti-PD-1/anti-LAG-3 treatment for adult and paediatric patients aged 12 years or older with unresectable or metastatic melanoma – will be listed on the Pharmaceutical Benefits Scheme (PBS), effective February 1, 2024.[1]

OPDUALAG is a fixed-dose combination of nivolumab, a programmed cell death protein 1 (PD-1) inhibitor, and relatlimab, a novel first-in-class lymphocyte-activation gene 3 (LAG-3)-blocking antibody,[1] which restores the effector function of exhausted T-cells and promotes antitumour activity.[1-3]

The PBS reimbursement of OPDUALAG (nivolumab/relatlimab) was supported by clinical trial data from Phase 2/3 RELATIVITY-047 study in patients with treatment naïve unresectable Stage III or metastatic melanoma. At a median follow-up of 13.2 months, nivolumab/relatlimab more than doubled the median progression-free survival (PFS) compared to nivolumab alone at 10.1 months vs 4.6 months, respectively (hazard ratio [HR] 0.75 [95% CI 0.62-0.92], p=0.006).[3] The safety profile of nivolumab/relatlimab combination was consistent with the profile of nivolumab. There were no new safety signals with longer medium follow-up of 25.3 months, with Grade 3 or 4 treatment-related adverse events occurring in 22% of patients in the nivolumab/relatlimab group, and in 12% of patients in the nivolumab group.[3-4]

According to Co-Medical Director of Melanoma Institute Australia, and 2024 NSW Australian of the Year, Professor Georgina Long, AO, Sydney, despite significant progress in the treatment of patients with metastatic melanoma over the past decade, more needs to be done to help improve outcomes.

"Over the past decade, the use of drugs that inhibit immune checkpoints has changed how unresectable or metastatic melanoma is treated, making long-term survival a real possibility for patients.5 However, more needs to be done to increase the number of patients who survive.

"Inhibiting LAG-3 with relatlimab, in combination with nivolumab, gives us a new treatment to add to our toolkit against melanoma.

"Today's approval is particularly significant, as it shows commitment and focus on bringing innovative drug therapy options to patients, and targeting two different immune checkpoints — LAG-3 and PD-1 – does just that," said Professor Long

Founder and Director of the Melanoma & Skin Cancer Advocacy Network (MSCAN), Tamara Dawson, Melbourne, similarly welcomed the reimbursement of OPDUALAG for Australians aged 12 years and over living with unresectable or metastatic melanoma.

"While great progress has been made in the treatment of advanced melanoma, we need more treatment options that are affordable.

"Australians living with advanced melanoma and their families therefore welcome the PBS listing of a new combination immunotherapy treatment on the PBS," Ms Dawson said.

Medical Director for Bristol-Myers Squibb Australia and New Zealand, Dr Melinda Munns, Melbourne, echoed Ms Dawson's sentiments, stating the reimbursement of OPDUALAG represents another step toward improving affordable treatment access for Australians living with the potentially devastating disease.

"While we have made great progress in the treatment of advanced melanoma over the past decade, Bristol-Myers Squibb is committed to expanding dual immunotherapy treatment options for this patient group.

"The RELATIVITY-047 study demonstrated the important benefit of inhibiting both LAG-3 and PD-L1 with our novel immunotherapy combination," said Dr Munns.

About RELATIVITY-047

RELATIVITY-047 is an international, multi-centre, randomised, double-blinded Phase 2/3 clinical trial that evaluated the safety and efficacy of a fixed dose combination of nivolumab and relatlimab in patients with previously untreated or metastatic melanoma compared to nivolumab monotherapy.[3]

A total of 714 patients were randomised 1:1 to receive OPDUALAG (nivolumab 480mg/relatlimab 160mg) or nivolumab (480mg), administered in a single intravenous infusion every four weeks.[3] The study population had a median age of 63 years, was 41.7% female, and excluded patients with active autoimmune disease, medical conditions requiring systemic treatment with moderate or high dose corticosteroids or immunosuppressive medications, history of myocarditis, uveal melanoma, and active or untreated brain or leptomeningeal metastases.[3,5]

RELATIVITY-047 met its primary endpoint of progression-free survival (PFS), more than doubling the median progression-free survival (PFS) with nivolumab/relatlimab compared to nivolumab monotherapy (10.1 months vs 4.6 months, respectively; HR 0.75 [95% CI 0.62-0.92], p=0.006).[3] The 12-month PFS was 47.7% with OPDUALAG compared with 36.0% with nivolumab alone (p-value not evaluated).[3] The secondary endpoint of overall survival (OS) was not significant, with the median OS not reached with nivolumab/relatlimab versus 34.1 months with nivolumab monotherapy (HR 0.80; 95% CI, 0.64 to 1.01; p=0.059).[6] The safety profile of nivolumab/relatlimab combination was consistent with the profile of nivolumab, with no new safety signals with the combination therapy versus nivolumab alone.[3-4] The incidence of Grade 3/4 treatment-related adverse events was 22% of patients in the nivolumab/

relatlimab group and in 12% of patients in the nivolumab group.[3-4] The most common (≥1%) Grade 3/4 adverse events seen with nivolumab/relatlimab included musculoskeletal pain, hepatitis, adrenal insufficiency, diarrhoea, fatigue, rash, nephritis/renal dysfunction, and laboratory blood test abnormalities.[1,3] Treatment-related adverse events led to discontinuation in 14% of patients treated with nivolumab/relatlimab and 6% of patients receiving nivolumab.[3]

About OPDUALAG

OPDUALAG is a fixed-dose combination of nivolumab, a PD-1 inhibitor, and relatlimab, a novel first-in-class LAG-3-blocking antibody.[1] LAG-3 and PD-1 are immune checkpoints that negatively regulate T-cell proliferation and effector function.[1,3] In metastatic melanoma, LAG-3 and PD-1 are often over- and co-expressed in immune cells, contributing to T-cell exhaustion that can reduce tumour-fighting function.[1,2] The inhibition of these two immune checkpoints by OPDUALAG, therefore, supports T cell function and is the mechanism of action behind OPDUALAG's anti-tumour activity.[1-3]

OPDUALAG is indicated for the treatment of patients with unresectable or metastatic melanoma who are at least 12 years old.[1]

Further information about OPDUALAG can be found in the Product Information here.

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Cancer can have a relentless grasp on many parts of a patient's life, and Bristol Myers Squibb is committed to taking actions to address all aspects of care, from diagnosis to survivorship. As a leader in cancer care, Bristol Myers Squibb is working to empower all people with cancer to have a better future.

AUSTRALIAN PRODUCT INFORMATION: https://rss.medsinfo.com.au/bq/pi.cfm?product=bqpopdu

PBS INFORMATION: Authority required. Refer to PBS Schedule for full authority information.

Before prescribing, please refer to the approved OPDUALAG™ product information (available at https://rss.medsinfo.com.au/bq/pi.cfm?product=bqpopdu). The Product Information is also available upon request from BMS Medical Information Department: 1800 067 567.

Before prescribing, please review the full Product Information and black triangle for OPDUALAG (click HERE).

OPDUALAG™ is a registered trademark of Bristol-Myers Squibb. Bristol-Myers Squibb Australia Pty Ltd, ABN 33 004 333 322. 4 Nexus Court, Mulgrave, VIC 3170. Date of preparation: October 2023. VEEVA #

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3 Tawbi, H. A. *et al*. Relatlimab and Nivolumab versus Nivolumab in Untreated Advanced Melanoma. *New England Journal of Medicine* 386, 24-34, doi:10.1056/NEJMoa2109970 (2022).
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6 Long, G. V. *et al*. Overall Survival and Response with Nivolumab and Relatlimab. *NEJM Evid* 2(4), doi: 10.1056/EVIDoa2200239 (2023).

Opdualag LinkedIn post, 21 January 2024

Bristol Myers Squibb
1,309,514 followers
1d • Edited •

We welcome the Pharmaceutical Benefits Scheme (PBS) listing of a new treatment for Australians aged 12 years and over with unresectable or metastatic melanoma.

More than 17,000 Australians are estimated to have been diagnosed with #melanoma in 2022, according to Cancer Australia.

General Manager for #BMSAustralia and New Zealand, Owen Smith, said the listing represents an important milestone for the Australian melanoma patient and clinician community, and the company.

"As the treatment landscape continues to change for Australians living with melanoma, we are proud of the role Bristol Myers Squibb has played and continues to play in delivering access to new treatments," said Mr Smith.

Commented [KB4]: Wpuld recommend including relevant hashtags at end of LinkedIn post e.g. #advancedmelanoma #skincancer #PBS

Tag Federal Minister for Health and Aged Care; Prime Minister; Queen Elizabeth Hospital; participating campaign clinicians and advocacy groups (Melanoma Institute Australia, Melanoma and Skin Cancer Advocacy Network)