Clinical Policy Title:	irinotecan liposome
Policy Number:	RxA.430
Drug(s) Applied:	Onivyde®
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Irinotecan liposome injection (Onivyde®) is a topoisomerase inhibitor. It is indicated, in combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy.
Limitation(s) of use: Onivyde® is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
irinotecan liposome (Onivyde®)	Pancreatic adenocarcinoma	70 mg/m^2 intravenously every 2 weeks prior to leucovorin and fluorouracil; If homozygous for UGT1A1*28 allele: 50 mg/ m^2intravenously every 2 weeks. Increase the dose to 70 mg/ m^2 as tolerated in subsequent cycles.	70 mg/m^2 every 2 weeks

Dosage Forms

- Single-dose vial: 43 mg/10 mL

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Pancreatic Adenocarcinoma (must meet all)**:**

1. Diagnosis of pancreatic adenocarcinoma;
2. Age ≥ 18 years;
3. Prescribed by or in consultation with an oncologist;
4. Prescribed with use in combination with fluorouracil and leucovorin;

5. Request meets one of the following (a or b):*
   a. Dose does not exceed 70 mg/ m^2 every 2 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Pancreatic Adenocarcinoma (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance, or documentation supports that member is currently receiving Onivyde® for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 70 mg/m^2 every 2 weeks;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

*Prescribed regimen must be FDA-approved or recommended by NCCN

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
ILD: Interstitial Lung Disease
HCL: Hydrochloride

APPENDIX B: Therapeutic Alternatives

- Not applicable.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Severe hypersensitivity reaction to Onivyde® or irinotecan HCl.

- Boxed Warning(s):
  - Fatal neutropenic sepsis occurred in 0.8% of patients receiving Onivyde®. Severe or life-threatening neutropenic fever or sepsis occurred in 3% and severe or life-threatening neutropenia occurred in 20% of patients receiving Onivyde® in combination with fluorouracil and leucovorin. Withhold Onivyde® for absolute neutrophil count below 1500/mm^3 or neutropenic fever. Monitor blood cell counts periodically during treatment.
  - Severe diarrhea occurred in 13% of patients receiving Onivyde® in combination with fluorouracil and leucovorin. Do not administer Onivyde® to patients with bowel obstruction. Withhold Onivyde® for diarrhea of Grade 2-4 severity. Administer loperamide for late diarrhea of any severity. Administer

atropine, if not contraindicated, for early diarrhea of any severity.

APPENDIX D: General Information

- Interstitial lung disease (ILD): Fatal ILD has occurred in patients receiving irinotecan HCl. Discontinue Onivyde® if ILD is diagnosed.
- Severe hypersensitivity reaction: Permanently discontinue Onivyde® for severe hypersensitivity reactions.
- Embryo-fetal toxicity: Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception.

References

1. Onivyde® Prescribing Information. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; December 2020. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=c8b58efa-1820-48a4-b70d-62918fc4abfc&type=display . Accessed July 7, 2021.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed July 7, 2021.
3. National Comprehensive Cancer Network Guidelines. Pancreatic Adenocarcinoma Version 2.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf . Accessed July 7, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Policy description table was updated. 2. Continuation therapy criteria II.A.1. was rephrased to “Member is currently receiving medication that has been authorized by RxAdvance”. 3. Approval duration updated to include commercial, Medicaid, HIM separately. 4. Appendix C, contraindication was updated. 5. References were updated.	07/27/2020	09/14/2020
Policy was reviewed: 1. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 2. Initial Approval Criteria I.A.3 was updated to include prescriber criteria, “Prescribed by or in consultation with an oncologist.”. 3. Initial Approval Criteria and Continued Therapy Approval Criteria were updated to remove HIM approval duration. 4. Appendix A was updated to include abbreviations ILD and HCL. 5. Appendix C was updated to include Boxed Warnings "Fatal neutropenic sepsis…” and “Severe diarrhea...”.	07/07/2021	09/14/2021

6. Appendix D was updated to include Warnings and Precautions, "Interstitial lung disease….", "Severe hypersensitivity reaction…", and "Embryo-fetal toxicity…". 7. References were reviewed and updated.		