



Evolut Clinical Guideline 3236 for Onivyde™ (irinotecan liposome)

Guideline Number: Evolut_CG_3236	<u>Applicable Codes</u>	
<i>"Evolut" refers to Evolut Health LLC and Evolut Specialty Services, Inc. © 2016 - 2025 Evolut. All rights Reserved.</i>		
Original Date: March 2016	Last Revised Date: December 2025	Implementation Date: December 2025

TABLE OF CONTENTS

STATEMENT	2
PURPOSE	2
INDICATIONS	2
ADENOCARCINOMA OF THE PANCREAS AND AMPULLARY ADENOCARCINOMA	2
CONTRAINDICATIONS/WARNINGS	2
EXCLUSION CRITERIA	3
CODING AND STANDARDS	4
CODES	4
APPLICABLE LINES OF BUSINESS	4
POLICY HISTORY	5
LEGAL AND COMPLIANCE	5
GUIDELINE APPROVAL	5
Committee	5
DISCLAIMER	5
REFERENCES	6

STATEMENT

Purpose

To define and describe the accepted indications for Onivyde (irinotecan liposome) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma

- Onivyde (irinotecan liposome) may be used for adult members with recurrent/metastatic adenocarcinoma of the pancreas or ampullary adenocarcinoma who have progressed on prior therapy with a gemcitabine-based regimen (e.g., gemcitabine +/- nab-paclitaxel) AND
- Onivyde (irinotecan liposome) will be used in combination with 5-FU (fluorouracil) and leucovorin.
- NOTE: Onivyde (irinotecan liposome) is not supported by Evolent Policy in combination with oxaliplatin, 5-FU (fluorouracil), and leucovorin for the first-line treatment of metastatic pancreatic adenocarcinoma. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to Evolent recommended alternative agents/regimens available at [**Evolent Pathways**](#).

CONTRAINDICATIONS/WARNINGS

- Contraindications
 - Severe hypersensitivity or anaphylaxis to irinotecan (liposomal), irinotecan

hydrochloride, or any component of the formulation.

- US Boxed Warning
 - Severe and life-threatening neutropenia, including fatal neutropenic sepsis and fatal neutropenic fever, has occurred in patients receiving irinotecan (liposomal) in combination with oxaliplatin, fluorouracil, and leucovorin, and in combination with fluorouracil and leucovorin. Withhold irinotecan (liposomal) for absolute neutrophil count below $1,500/\text{mm}^3$ or neutropenic fever. Monitor blood cell counts periodically during treatment.
 - Severe and life-threatening diarrhea has occurred in patients receiving irinotecan (liposomal) in combination with oxaliplatin, fluorouracil, and leucovorin, and in combination with fluorouracil and leucovorin. Do not administer irinotecan (liposomal) to patients with bowel obstruction. Withhold irinotecan (liposomal) for diarrhea of grade 2 to 4 severity. Administer loperamide for late diarrhea of any severity. Administer atropine, if not contraindicated, for early diarrhea of any severity.

EXCLUSION CRITERIA

- Disease progression while taking Onivyde (irinotecan liposome)
- Dosing exceeds single dose limit of Onivyde (irinotecan liposome) $70 \text{ mg}/\text{m}^2$.
- Onivyde (irinotecan liposome) CANNOT be substituted for irinotecan HCL (non-liposomal formulation).
- Member with hypersensitivity or contraindications to Onivyde (irinotecan liposome) or irinotecan HCL (non-liposomal formulation).
- Investigational use of Onivyde (irinotecan liposome) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
 - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
 - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
 - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
 - Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
 - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.

- That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
- That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9205 - Injection, irinotecan liposome, 1 mg

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children’s Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

POLICY HISTORY

Date	Summary
December 2025	<ul style="list-style-type: none"> ● Converted to new Evolent guideline template ● This guideline replaces UM ONC_1276 Onivyde (irinotecan liposome) ● Updated references
December 2024	<ul style="list-style-type: none"> ● Added Evolent disclaimer language ● Added Coding Information section with HCPCS code ● Updated NCH verbiage to Evolent ● Added the following note under indication section to highlight low-value regimen: “Onivyde (irinotecan liposome) is not supported by Evolent Policy for the first-line treatment of metastatic pancreatic adenocarcinoma. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) to show superior outcomes compared to Evolent recommended alternative agents/regimens available at: https://www.evolent.com/pathways.” ● Added new reference

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members’ health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Wang-Gillam A, et al. NAPOLI-1 phase 3 study of liposomal irinotecan in metastatic pancreatic cancer: Final overall survival analysis and characteristics of long-term survivors. *Eur J Cancer*. 2019 Feb;108:78-87. doi: 10.1016/j.ejca.2018.12.007.
2. Wang-Gillam A, et al; NAPOLI-1 Study Group. Nanoliposomal irinotecan with fluorouracil and folinic acid in metastatic pancreatic cancer after previous gemcitabine-based therapy (NAPOLI-1): a global, randomised, open-label, phase 3 trial. *Lancet*. 2016 Feb 6;387(10018):545-557. doi: 10.1016/S0140-6736(15)00986-1.
3. Wainberg ZA, et al. NALIRIFOX versus nab-paclitaxel and gemcitabine in treatment-naive patients with metastatic pancreatic ductal adenocarcinoma (NAPOLI 3): a randomised, open-label, phase 3 trial. *Lancet*. 2023 Oct 7;402(10409):1272-1281. doi: 10.1016/S0140-6736(23)01366-1.
4. Onivyde prescribing information. Ipsen Biopharmaceuticals, Inc. Cambridge, MA 2024.
5. Clinical Pharmacology Elsevier Gold Standard 2025.
6. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2025.
7. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2025.
8. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2025.
9. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
10. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
11. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.