

# Drug Policy:

## Onivyde™ (irinotecan liposome)

<b>POLICY NUMBER</b> UM ONC_1276	<b>SUBJECT</b> Onivyde™ (irinotecan liposome)		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 of 3</b>
<b>DATES COMMITTEE REVIEWED</b> 03/23/16, 01/05/17, 01/02/18, 02/13/19, 12/11/19, 02/12/20, 11/11/20, 10/13/21, 11/15/21, 05/11/22, 10/12/22, 11/09/22, 11/08/23, 12/13/2023	<b>APPROVAL DATE</b> December 13, 2023	<b>EFFECTIVE DATE</b> December 22, 2023	<b>COMMITTEE APPROVAL DATES</b> 03/23/16, 01/05/17, 01/02/18, 02/13/19, 12/11/19, 02/12/20, 11/11/20, 10/13/21, 11/15/21, 05/11/22, 10/12/22, 11/09/22, 11/08/23, 12/22/2023	
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>		
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. 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.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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.

### II. INDICATIONS FOR USE/INCLUSION CRITERIA

#### A. Continuation requests for a not-approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, **AND**
2. The member has not experienced disease progression and/or no intolerance to the requested medication, **AND**
3. Additional medication(s) are not being added to the continuation request.

#### B. Adenocarcinoma of the Pancreas and Ampullary Adenocarcinoma

1. Onivyde (irinotecan liposome) may be used for 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**
2. Onivyde (irinotecan liposome) will be used in combination with 5-FU (fluorouracil) and leucovorin.

### III. EXCLUSION CRITERIA

- A. Disease progression while taking Onivyde (irinotecan liposome)
- B. Dosing exceeds single dose limit of Onivyde (irinotecan liposome) 70 mg/m<sup>2</sup>.
- C. Onivyde (irinotecan liposome) **CANNOT** be substituted for irinotecan HCL (non-liposomal formulation).
- D. Member with hypersensitivity or contraindications to Onivyde (irinotecan liposome) or irinotecan HCL (non-liposomal formulation).
- E. 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:
  - 1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence
  - 2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  - 3. 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.
  - 4. 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).
  - 5. 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.
  - 6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
  - 7. 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.

### IV. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

### V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

### VI. ATTACHMENTS

- A. None

### VII. REFERENCES

- A. 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.
- B. Wang-Gillam A, et al. NAPOLI-1 Clinical Trial. 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.
- C. Onivyde prescribing information. Merrimack Pharmaceuticals, Inc. 2020.
- D. Clinical Pharmacology Elsevier Gold Standard 2022.
- E. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2022.
- F. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.
- G. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2022.
- H. 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.
- I. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
- J. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>.
- K. NCQA UM 2023 Standards and Elements.