I. PURPOSE

To define and describe the accepted indications for Onivyde (irinotecan liposome) usage in the treatment of cancer as a preliminary policy prior to UMC approval for operational purposes.

II. DEFINITIONS

**Onivyde (irinotecan liposome):** Onivyde (irinotecan liposome) is irinotecan, a topoisomerase inhibitor, encapsulated in lipid bilayer vesicle or liposome. The lipid bilayer vesicle allows higher concentrations in the body with lower doses compared to irinotecan HCL (non liposomal formulation).

Irinotecan and its active metabolite SN-38 bind reversibly to the topoisomerase 1-DNA complex and prevent re-ligation of the single strand breaks, leading to exposure time-dependent double-strand DNA damage and cell death.

Onivyde (irinotecan liposome) is FDA approved for

- Metastatic adenocarcinoma of the pancreas
  - Used in combination with fluorouracil and leucovorin after disease progression following gemcitabine-based therapy

Non-FDA approved indications include: None

Onivyde (irinotecan liposome) is available as intravenous solution in

- 43 mg/10 ml (4.3 mg/ml)

III. POLICY

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

Treatment request outside the approved FDA manufacturer labeling or CMS approved compendia must be supported by, at minimum, two peer reviewed citations. If references are not produced, delays may occur to the processing of such request.
**Inclusion Criteria:** Onivyde (irinotecan liposome) may be considered medically necessary when any of the following selection criteria is met:

1. **Metastatic adenocarcinoma of the pancreas**
   a. Onivyde (irinotecan liposome) must be used in combination with fluorouracil and leucovorin **AND**
   b. Member must have progressed on prior treatment of a gemcitabine-based therapy **AND**
   c. Member must **not** have failed prior therapy with irinotecan HCL (non liposomal formulation).

**Exclusion Criteria:** Onivyde (irinotecan liposome) is not considered medically necessary when any of the following selection criteria is met:

1. Disease progression while taking Onivyde (irinotecan liposome)
2. Disease progression while taking irinotecan HCL (non liposomal formulation)
3. Dosing exceeds single dose limit of Onivyde (irinotecan liposome)
   a. 70 mg/m²
4. Member with absolute neutrophil count below 1500/mm² or neutropenic fever
5. Member with bowel obstruction
6. Member with diarrhea of Grade 2-4 severity
7. Onivyde (irinotecan liposome) **CANNOT** be substituted for irinotecan HCL (non liposomal formulation)
8. Member with hypersensitivity to Onivyde (irinotecan liposome) or irinotecan HCL (non liposomal formulation)
9. Member with interstitial lung disease
   a. Withhold Onivyde (irinotecan liposome) in member with new or progressive dyspnea, cough, and fever, pending diagnostic evaluation
10. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

**IV. PROCEDURE**

Requests for Onivyde (irinotecan liposome) shall be reviewed for appropriateness per FDA approved product labeling, the National Comprehensive Cancer Network (NCCN) and American Society of Clinical Oncology (ASCO) clinical guidelines, or CMS approved compendia.

1. **Dosage and Administration**
   a. 70 mg/m² every two weeks
   b. 50 mg/m² every two weeks for member with homozygous for UGT1A1*28 allele
   c. Premedicate with corticosteroid and an anti-emetic 30 minutes prior to infusion

2. **Dosage Adjustments**
a. Dosage adjustments are not required for renal or hepatic impairment.
b. Grade 3 or 4 adverse reaction (1st occurrence): Withhold Onivyde (irinotecan liposome) until recovery to ≤ Grade 1
   i. May resume treatment at 50mg/m²
   ii. May resume treatment at 43 mg/m² for member with homozygous for UGT1A1*28 allele without previous increase to 70mg/m²
c. Grade 3 or 4 adverse reactions (2nd occurrence): Withhold Onivyde (irinotecan liposome) until recovery to ≤ Grade 1
   i. May resume treatment at 43mg/m²
   ii. May resume treatment at 35 mg/m² for member with homozygous for UGT1A1*28 allele without previous increase to 70mg/m²
d. Grade 3 or 4 adverse reactions (3rd occurrence): Discontinue treatment
e. Interstitial Lung Disease: Discontinue treatment
f. Anaphylactice reaction: Discontinue treatment

3. Monitoring
   a. CBC with differential on day 1 and day 8 of every treatment cycle, more frequently if clinically indicated
   b. LFTs
   c. Signs and symptoms of severe diarrhea
   d. Signs and symptoms of interstitial lung disease

V. APPROVAL AUTHORITY

VI. ATTACHMENTS

VII. REFERENCES

4. UpToDate, Waltham, MA. (Accessed on January 19, 2016.)