Drug Policy:

Doxil™ (liposomal doxorubicin)

POLICY NUMBER UM ONC_1235	SUBJECT Doxil™ (liposomal doxorubicin)		DEPT/PROGRAM UM Dept	PAGE 1 of 3
DATES COMMITTEE REVIEWED 12/12/12, 12/11/13, 03/27/15, 05/24/16, 04/08/20, 02/10/21, 11/15/21, 01/12/22, 04/13/22, 05/11/22, 06/08/22, 11/09/22, 03/08/23, 05/10/23, 03/13/24, 05/08/24	APPROVAL DATE May 08, 2024	EFFECTIVE DATE May 31, 2024	COMMITTEE APPROVAL DATES 12/12/12, 12/11/13, 03/27/15, 05/24/16, 04/08/20, 02/10/21, 11/15/21, 01/12/22, 04/13/22, 05/11/22, 06/08/22, 11/09/22, 03/08/23, 05/10/23, 03/13/24, 05/08/24	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Doxil (liposomal doxorubicin) 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.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent 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. Aids related Kaposi's Sarcoma (KS)

1. Doxil (liposomal doxorubicin) will be used for the treatment of HIV-related Kaposi's sarcoma as a single agent or in combination with antiretroviral therapy, as initial or subsequent line systemic therapy.

C. Breast Cancer

1. NOTE: Doxil (liposomal doxorubicin) is not supported by Evolent Policy for the treatment of recurrent, unresectable, or metastatic breast cancer. This policy position is based on the lack of Level 1 Evidence (randomized clinical trial and/or meta-analyses) to show superior outcomes with Doxil (liposomal doxorubicin) compared to conventional formulation of doxorubicin (e.g., Adriamycin). Please refer to Evolent alternative agents/regimens recommended by Evolent, including but not limited to regimens available at http://pathways.newcenturyhealth.com.

D. Multiple Myeloma

1. The member has relapsed or refractory multiple myeloma and Doxil (liposomal doxorubicin) will be used in combination with bortezomib (if have not previously received) +/- dexamethasone following one prior therapy.

E. Ovarian Cancer

1. Doxil (liposomal doxorubicin) will be used in combination with Carboplatin for platinum sensitive relapsed/recurrent ovarian cancer OR
2. As a single agent or in combination with bevacizumab/bevacizumab biosimilar for platinum-resistant relapsed/recurrent ovarian cancer.

F. Hodgkin Lymphoma

1. Doxil (liposomal doxorubicin) may be used in combination with gemcitabine and vinorelbine as second-line and subsequent therapy in members with relapsed or refractory Hodgkin Lymphoma.

III. EXCLUSION CRITERIA

A. Disease progression while taking Doxil (liposomal doxorubicin).

B. Dosing exceeds single dose limit of Doxil (liposomal doxorubicin) 50 mg/m^2 (for ovarian cancer), 20 mg/m^2 (for KS), 30 mg/m^2 (for multiple myeloma), and 15 mg/m2 (for Hodgkin Lymphoma).

C. Investigational use of Doxil (liposomal doxorubicin) 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 definitions 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, considering 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. Pfisterer J, et al. AGO-OVAR 2.21/ENGOT-ov 18 Clinical Trial. Bevacizumab and platinum-based combinations for recurrent ovarian cancer: a randomised, open-label, phase 3 trial. Lancet Oncol. 2020 May;21(5):699-709.

B. Bartlett NL, Niedzwiecki D, Johnson JL, Friedberg JW, Johnson KB, van Besien K, Zelenetz AD, Cheson BD, Canellos GP; Cancer Leukemia Group B. Gemcitabine, vinorelbine, and pegylated liposomal doxorubicin (GVD), a salvage regimen in relapsed Hodgkin's lymphoma: CALGB 59804. Ann Oncol. 2007 Jun;18(6):1071-9. doi: 10.1093/annonc/mdm090

C. Doxil prescribing information. Baxter Healthcare Corporation Deerfield, IL 2019.

D. Clinical Pharmacology Elsevier Gold Standard 2023.

E. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

F. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

G. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2023.

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.