Drug Policy:

Unituxin™ (dinutuximab)

POLICY NUMBER UM ONC_1387	**SUBJECT** Unituxin™ (dinutuximab)		**DEPT/PROGRAM** UM Dept	**PAGE 1 of 4**
DATES COMMITTEE REVIEWED 02/12/20, 12/09/20, 11/10/21, 05/11/22, 09/14/22, 07/12/23, 07/10/24	**APPROVAL DATE** July 10, 2024	**EFFECTIVE DATE** July 26, 2024	**COMMITTEE APPROVAL DATES** 02/12/20, 12/09/20, 11/10/21, 05/11/22, 09/14/22, 07/12/23, 07/10/24	
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 Unituxin (dinutuximab) 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. Neuroblastoma

1. The member has unresectable high-risk neuroblastoma AND
2. High risk is defined as members who are older than 18 months of age and have disseminated disease, or localized disease with unfavorable markers such as MYCN amplification (*see Attachment A*) AND
3. The member is in a hospital/acute care setting to mitigate potential risks of serious infusion reactions, capillary leak syndrome, and hypotension AND

4. Unituxin (dinutuximab) may be used in combination with chemotherapy or 13-cis-retinoic acid (isotretinoin), with or without granulocyte-macrophage colony-stimulating factor (sargramostim).

III. EXCLUSION CRITERIA

A. Unituxin (dinutuximab) is being used after disease progression with the same regimen or prior anti-disialoganglioside (GD2) antibody therapy [e.g., Danyelza (naxitamab)].

B. Dosing exceeds single dose limit of Unituxin (dinutuximab) 17.5 mg/m^2.

C. Treatment exceeds the maximum duration limit of 5 cycles.

D. Investigational use of Unituxin (dinutuximab) 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. Attachment A: Children's Oncology Group neuroblastoma risk strata

VII. REFERENCES

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J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2024.

K. 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.

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Attachment A: Children's Oncology Group Neuroblastoma Risk Strata

Children's Oncology Group neuroblastoma risk strata

Risk	Stage	Age	MYCN status	DNA ploidy	INPC	Other
Low*	1	Any	Any	Any	Any	
	2a/2b	Any	Not amp	Any	Any	Resection ≥50 percent
	4s	<365 days	Not amp	DI >1	FH	Asymptomatic
Intermediate¶	2a/2b	0-12 years	Not amp	Any	Any	Biopsy or resection <50 percent
	3	<547 days	Not amp	Any	Any	
	3	≥547 days - 12 years	Not amp	Any	FH	
	4	<365 days	Not amp	Any	Any	
	4	365 - <547 days	Not amp	DI >1	FH	
	4s	<365 days	Not amp	Any	Any	Symptomatic
	4s	<365 days	Not amp	DI = 1	Any	Asymptomatic or symptomatic
	4s	<365 days	Not amp	Any	UH	Asymptomatic or symptomatic
	4s	<365 days	Missing	Missing	Missing	Too sick for biopsy
High△	2a/2b	Any	Amp	Any	Any	Any degree of resection
	3	Any	Amp	Any	Any	
	3	≥547 days	Not amp	Any	UH	
	4	<365 days	Amp	Any	Any	
	4	365 - <547 days	Amp	Any	Any	
	4	365 - <547 days	Any	DI = 1	Any	
	4	365 - <547 days	Any	Any	UH	
	4	≥547 days	Any	Any	Any	
	4s	<365 days	Amp	Any	Any	Asymptomatic or symptomatic

INPC: International Neuroblastoma Pathology Classification; FH: favorable histology; UH: unfavorable histology; Amp: amplified; DI: DNA Index.
* Low risk groups as defined in Children's Oncology Group trial ANBL00B1.
¶ Intermediate risk group as defined in Children's Oncology Group trial ANBL0531.
△ High risk group as defined in the Children's Oncology Group trial ANBL0532.

UpToDate®

UpToDate accessed on 10/20/2021: https://www.uptodate.com/contents/treatment-and-prognosis-of-neuroblastoma?search=treatment%20of%20neuroblastoma&source=search_result&selectedTitle=1~121&usage_type=default&display_rank=1#H21

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