Medical Department Procedure Manual

Section: Chapter 7A Prescription Medications Prior Authorization  Number: 07.213

Title: irinotecan liposome (Onivyde®)

<table>
<thead>
<tr>
<th>Approval: Robert Bonnell, M.D., Med. Dir.</th>
<th>DATES - Origination: 03/17/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Party: CPM Director</td>
<td>Revised: 4/8/2016</td>
</tr>
<tr>
<td>Distribution: Medical Department</td>
<td>Effective: 05/25/16</td>
</tr>
<tr>
<td></td>
<td>P&amp;T Review: 11/16/16</td>
</tr>
<tr>
<td></td>
<td>Annual Review: 08/23/17</td>
</tr>
</tbody>
</table>

Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Implementation Information:

1.0 Under the supervision of the Clinical Pharmacy Management (CPM) Director, the CPM staff is responsible for the development of guidelines and criteria for use by the Medical Department:

   1.1 Medical Department staff has access to the Medical Department Procedure Manual and receives notice from management when procedures are developed, updated and/or revised, or archived.

2.0 Staff utilizing this procedure is monitored via individual departmental audit tools.

3.0 On an annual basis or more often when indicated, the Medical Department Procedures are reviewed by medical staff for the purpose of developing, revising, or archiving.

Background Information:

Reference Statement

- Guidelines will be compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.
Medical Department Procedure Manual

Section: Chapter 7A Prescription Medications Prior Authorization  Number: 07.213

Title: irinotecan liposome (Onivyde®)

Background Information, continued:

Medication Summary

- Irinotecan liposome injection (Onivyde®) is a topoisomerase I inhibitor enclosed in a lipid bilayer vesicle or liposome. Topoisomerase induces single-strand breaks within DNA to relieve strain within the molecule. Irinotecan liposome injection (Onivyde®) and its active metabolite (SN-38) bind reversibly to topoisomerase I-DNA complex to prevent re-ligation. The process eventually leads to cell death.

- Irinotecan liposome injection (Onivyde®) is indicated in combination with 5-fluorouracil and leucovorin for the treatment of patients with metastatic adenocarcinoma of the pancreas after progression of disease following therapy with gemcitabine-based therapy.

- Irinotecan liposome injection (Onivyde®) has a black box warning for severe neutropenia and severe diarrhea.

- Irinotecan liposome injection (Onivyde®) is available as 43mg/10ml single dose vial. Recommended dosing is 70 mg/m2 IV over 90 minutes every 2 weeks.

- For patients with homozygous UGT1A1*28 allele, dose adjust to 50 mg/m2 IV over 90 minutes every 2 weeks.

- Pre-medicate with corticosteroid and antiemetic agents 30 minutes prior to Irinotecan liposome injection (Onivyde®).

Coverage Guidelines

- Member must be eligible and have applicable benefits.
- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

Exclusion Criteria

- Member is hypersensitive to Irinotecan liposome injection (Onivyde®) or irinotecan HCl, or any component of its formulation.
- Member who has interstitial lung disease (ILD).
- Member who is or may become pregnant or breastfeeding.
Medical Department Procedure Manual

Section: Chapter 7A Prescription Medications Prior Authorization

Title: irinotecan liposome (Onivyde®)

Additional Information

- AvMed’s Clinical Pharmacists are licensed by the State of Florida.
- AvMed’s Medical Directors are Board Certified physicians licensed by the State of Florida.
Procedure:

1.0 Request for *initial therapy* with Irinotecan liposome injection (Onivyde®) requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying ALL of the following:

1.1 Prescriber must be an hematologist or oncologist; AND

1.2 Member must be diagnosed with metastatic adenocarcinoma of the pancrease, who has experienced disease progression following gemcitabine-based therapy; AND

1.3 Documented therapy to use in combination with 5-FU and leucovorin; AND

1.4 Baseline laboratory values meet ALL of the following criteria:

1.4.1 Absolute neutrophil count (ANC) is above 1500/mm³; AND
1.4.2 Serum bilirubin is within normal level; AND
1.4.3 Serum albumin level is greater than 3 gram/dL; AND

1.5 If all criteria above are met, Irinotecan liposome injection (Onivyde®) may be approved for three (3) months.

1.5.1 Recommended dose is 70 mg/m² IV over 90 minutes every 2 weeks.
1.5.2 If homozygous UGT1A1*28 allele, adjusted dose is 50 mg/m².

2.0 Request for *continuation of therapy* with Irinotecan liposome injection (Onivyde®) beyond the initial authorization period requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying ALL of the following:

2.1 Member is deriving clinical benefit from therapy as indicated by improvement in the disease progression; AND

2.2 Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include, but not limited to, the followings:

2.3 If all criteria above are met, Irinotecan liposome injection (Onivyde®) may be approved for twelve (12) months.
Title: irinotecan liposome (Onivyde®)

References: