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Section:	Prescription Drugs	**Effective Date:**	October 1, 2023
Subsection:	Antineoplastic Agents	**Original Policy Date:**	December 4, 2015
Subject:	Onivyde	**Page:**	1 of 5

Last Review Date: September 8, 2023

Onivyde

Description

Onivyde (irinotecan liposome injection)

Background
Onivyde is a topoisomerase 1 inhibitor used in combination with fluorouracil and leucovorin to treat patients with advanced pancreatic cancer who have been previously treated with gemcitabine-based therapy. Onivyde inhibits topoisomerase 1, an enzyme involved in DNA untangling during DNA replication, leading to decreased DNA replication and cancer cell death. The drug is administered via intravenous infusion over 90 minutes every two weeks until disease progression or unacceptable toxicity (1).

Regulatory Status
FDA-approved indication: Onivyde is a topoisomerase inhibitor indicated, in combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy (1).

Limitation of use:
Onivyde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas (1).

The Onivyde label includes a boxed warning citing the risk of severe neutropenia (low neutrophil count) and severe diarrhea. Onivyde can cause severe neutropenia and neutropenic sepsis. Monitor complete blood cell counts on Days 1 and 8 of every cycle and more frequently if clinically indicated. Withhold Onivyde for absolute neutrophil count (ANC) below 1500/mm^3 or neutropenic fever. Resume Onivyde when ANC is 1500/mm^3 or greater. Reduce Onivyde dose

for Grade 3-4 neutropenia or neutropenic fever following recovery in subsequent cycles. Onivyde can cause diarrhea. Do not administer Onivyde to patients with bowel obstruction. Withhold Onivyde for diarrhea of Grade 2-4 severity (1).

Onivyde can cause severe interstitial lung disease (ILD). Withhold Onivyde in patients with new or progressive dyspnea, cough and fever, pending diagnostic evaluation. Discontinue Onivyde in patients with a confirmed diagnosis of ILD (1).

Onivyde can cause fetal harm. Female patients should be advised to use effective contraception during treatment and for a month following the final dose (1).

Safety and effectiveness in pediatric patients have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Onivyde may be considered **medically necessary** if the conditions indicated below are met.

Onivyde may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic adenocarcinoma of the pancreas

AND ALL of the following:

1. Disease progression following gemcitabine-based therapy
2. Will be used in combination with injectable fluorouracil and leucovorin
3. Complete blood counts will be evaluated at Day 1 and Day 8 of each cycle

4. Prescriber agrees to withhold Onivyde if patient experiences diarrhea Grade 2-4 severity
5. Absolute neutrophil count (ANC) greater than 1500/mm^3 and monitor neutrophil count before each dose

AND NONE of the following:
1. Bowel obstruction
2. Diagnosis of clinically significant (symptomatic or debilitating) interstitial lung disease (ILD)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic adenocarcinoma of the pancreas

AND ALL of the following:
1. Will be used in combination with injectable fluorouracil and leucovorin
2. Complete blood counts will be evaluated at Day 1 and Day 8 of each cycle
3. Prescriber agrees to monitor neutrophil count before each dose
4. **NO** disease progression or unacceptable toxicity

AND NONE of the following:
1. Neutropenic fever
2. Diarrhea Grade 2-4 severity
3. Symptoms of new or worsening interstitial lung disease

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Onivyde is a topoisomerase 1 inhibitor used in combination with fluorouracil and leucovorin to treat metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy. Onivyde carries a boxed warning for severe neutropenia and severe diarrhea. Onivyde is not to be administered to patients with bowel obstruction. Onivyde can cause severe interstitial lung disease. Onivyde can cause fetal harm and female patients should be advised to use effective contraception during treatment and for a month after final dose. The safety and efficacy of Onivyde in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Onivyde while maintaining optimal therapeutic outcomes.

References

1. Onivyde [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; February 2023.
2. NCCN Drugs & Biologics Compendium® Irinotecan 2023. National Comprehensive Cancer Network, Inc. Accessed on July 27, 2023.

Policy History

Date	Action
December 2015	Addition to PA
March 2016	Annual review
	Policy number changed from 5.04.67 to 5.21.67
June 2016	Annual editorial review
September 2016	Annual review
June 2017	Annual editorial review
	Addition of age requirement to renewal section
June 2018	Annual review and reference update
June 2019	Annual review

June 2020	Annual review
September 2021	Annual review and reference update
September 2022	Annual review and reference update
September 2023	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.