

am. ONIVYDE (irinotecan lipsome injection)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Metastatic pancreatic adenocarcinoma

AND ALL of the following:

- 1. Patient has **ONE** of the following:
 - a. First-line treatment **AND** used in combination with oxaliplatin, fluorouracil, and leucovorin
 - b. Disease progression following gemcitabine-based therapy **AND** used in combination with fluorouracil and leucovorin
- 2. Complete blood counts will be evaluated at Day 1 and Day 8 of each cycle
- Prescriber agrees to withhold Onivyde if patient experiences diarrhea Grade 2-4 severity
- Absolute neutrophil count (ANC) ≥ 1500/mm³ and prescriber agrees to monitor neutrophil count before each dose
- Females of reproductive potential only: patient will be advised to use effective contraception during treatment with Onivyde and for 7 months after the last dose

AND NONE of the following:

- 1. Bowel obstruction
- 2. Diagnosis of clinically significant (symptomatic or debilitating) interstitial lung disease (ILD)

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Requirements

Age 18 years of age or older



Federal Employee Program.

am. ONIVYDE (irinotecan lipsome injection)

Diagnosis

Patient must have the following:

Metastatic pancreatic adenocarcinoma

AND ALL of the following:

- 1. NO disease progression or unacceptable toxicity
- 2. Used in combination with 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. Prescriber agrees to monitor neutrophil count before each dose
- 6. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Onivyde and for 7 months after the last dose

AND NONE of the following:

- 1. Bowel obstruction
- 2. Diagnosis of clinically significant (symptomatic or debilitating) interstitial lung disease (ILD)

Prior - Approval Renewal Limits

Same as above