Reference number(s)
6294-A

SPECIALTY GUIDELINE MANAGEMENT

IWILFIN (eflornithine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma (HRNB) who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

High-risk neuroblastoma (HRNB)
Authorization of 12 months may be granted to reduce the risk of relapse in members with HRNB who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy (e.g., dinutuximab [Unituxin], naxitamab-gqgk [Danyelza]).

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted (up to 24 months total therapy) for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCES

1. Iwilfin [package insert]. Louisville, KY: US WorldMeds, LLC; December 2023.