REIMBURSEMENT RESOURCES OVERVIEW

ONIVYDE® (irinotecan liposome injection)

• PROVYDE® (ONIVYDE® Access Services) Overview
• Patient Financial Support Services
• Coding and Payment: Physician Office
• Coding and Payment: Hospital Outpatient
• Provider Readiness: Process
• Provider Readiness: Tips
• Start Form Instructions

PROVYDE®
access services

Hours: 8AM–5PM ET, Monday–Friday
Phone: 844-ONIVYDE (664-8933)
Fax: 844-269-3039
Mail: PO Box 4133, Gaithersburg, MD 20885-4133

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14–15. Click here for full Prescribing Information.
PROVYDE® (ONIVYDE® ACCESS SERVICES)

OVERVIEW

PROVYDE offers an array of services to help you and your patients access ONIVYDE® (irinotecan liposome injection).

PROVYDE can help by offering:
• Benefit verifications
• Prior authorization (PA) support
• Claims and appeals support
• Financial assistance for eligible patients*

BENEFIT VERIFICATION
We know that coverage for ONIVYDE will vary by plan and by patient. PROVYDE can help determine patient-specific coverage requirements and cost-share responsibility.

1 Call 844-ONIVYDE (664-8933) to verbally initiate a benefit verification OR complete the PROVYDE Start Form and fax to 844-269-3039.

2 Within 24 to 48 hours, PROVYDE will fax you a comprehensive benefit verification and call to answer any questions.

3 Coordinate patient financial assistance services with PROVYDE, if needed.

CLAIMS AND APPEALS SUPPORT
PROVYDE can support you in submitting claims for ONIVYDE by:
• Contacting the payer to confirm the claim submission was processed correctly
• Tracking claims until a decision is rendered and relaying results to you
• Helping your office troubleshoot denied or rejected claims

PRIOR AUTHORIZATION SUPPORT
When PROVYDE identifies a PA requirement while conducting a benefit verification, we can walk you through the PA process.

PROVYDE will:
• Research the payer requirements as part of the benefit verification process
• Give you instructions for submitting the PA
• Track the status of the PA upon request and relay updates

*Patients must meet specified financial and insurance eligibility criteria to qualify for assistance. Ipsen reserves the right to make eligibility determinations and to modify or discontinue the program at any time.

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14–15. Click here for full Prescribing Information.
PATIENT FINANCIAL SUPPORT SERVICES

PROVYDE® (ONIVYDE® Access Services) offers a number of financial assistance options to qualifying patients.

PROVYDE will work with you and your patient to determine eligibility* for the following:

- Patient assistance program (PAP) for uninsured or functionally uninsured patients†
- $0 copay assistance for commercially insured patients
- Referrals to independent, nonprofit organizations

PATIENT ASSISTANCE PROGRAM AND COMMERCIAL COPAY PROGRAM

Your patient may qualify for PAP or a commercial copay program if he/she meets all of the following criteria:

ELIGIBILITY CRITERIA

<table>
<thead>
<tr>
<th>PAP</th>
<th>Commercial Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured/functionally uninsured</td>
<td>Commercially insured patients‡</td>
</tr>
<tr>
<td>Meet Financial Criteria</td>
<td></td>
</tr>
<tr>
<td>Your patient is prescribed ONIVYDE® (irinotecan liposome injection) for an FDA-approved indication</td>
<td></td>
</tr>
<tr>
<td>Treated in the US (including US territories)</td>
<td></td>
</tr>
</tbody>
</table>

*Patients must meet specified financial and insurance eligibility criteria to qualify for assistance. Ipsen reserves the right to make eligibility determinations and to modify or discontinue the program at any time.
†Functionally uninsured patients are those who may be enrolled in a health plan but do not have coverage for ONIVYDE.
‡The commercial copay program is not available to patients covered by government-sponsored insurance, such as Medicare and Medicaid.

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14–15. Click here for full Prescribing Information.
REFERRALS TO INDEPENDENT FOUNDATIONS

Your patient may be eligible for assistance through an independent, nonprofit organization. Eligibility criteria may vary. PROVYDE will:

- Identify potential foundations
- Provide contact information of the foundation

APPLICATION PROCESS FOR FINANCIAL SERVICES

- Complete the Start Form and collect acceptable income documentation
- Submit all paperwork to PROVYDE via fax at 844-269-3039
- PROVYDE will notify you both verbally and via fax if your patient qualifies to participate in one of these programs
ONIVYDE® (irinotecan liposome injection) received FDA approval on October 22nd, 2015, and is 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. ONIVYDE is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.

**COVERAGE**

For Medicare patients, ONIVYDE will be covered under Medicare Part B when used for an FDA-approved indication and when medically reasonable and necessary.* There are no prior authorization requirements for ONIVYDE under traditional fee-for-service Medicare. For patients enrolled in Medicaid, a Medicare Advantage plan, or a commercial health plan, coverage of ONIVYDE will vary by payer. Some payers may also apply utilization restrictions for ONIVYDE.

**CODING**

Please refer to the table below to support appropriate claims processing for ONIVYDE.*

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM*</td>
<td>C25.0</td>
<td>Malignant neoplasm of head of pancreas</td>
</tr>
<tr>
<td></td>
<td>C25.1</td>
<td>Malignant neoplasm of body of pancreas</td>
</tr>
<tr>
<td></td>
<td>C25.2</td>
<td>Malignant neoplasm of tail of pancreas</td>
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<tr>
<td></td>
<td>C25.3</td>
<td>Malignant neoplasm of pancreatic duct</td>
</tr>
<tr>
<td></td>
<td>C25.7</td>
<td>Malignant neoplasm of other parts of pancreas</td>
</tr>
<tr>
<td></td>
<td>C25.8</td>
<td>Malignant neoplasm of overlapping sites of pancreas</td>
</tr>
<tr>
<td></td>
<td>C25.9</td>
<td>Malignant neoplasm of pancreas, unspecified</td>
</tr>
<tr>
<td>ICD-10-CM (Secondary Diagnosis Code)</td>
<td>C79.89</td>
<td>Secondary malignant neoplasm of other specified sites</td>
</tr>
<tr>
<td></td>
<td>C79.9</td>
<td>Secondary neoplasm of unspecified site</td>
</tr>
<tr>
<td>CPT†</td>
<td>96413</td>
<td>Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug</td>
</tr>
<tr>
<td>HCPCS‡</td>
<td>J9205</td>
<td>Injection, irinotecan liposome, 1 mg (effective for dates of service on or after January 1, 2017)</td>
</tr>
<tr>
<td>NDC§</td>
<td>69171-0398-01</td>
<td>ONIVYDE 43 mg/10 mL single-use vial</td>
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*It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for actual products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

†CPT © 2016 American Medical Association. All rights reserved.

§One-hour code covers infusions lasting 16 to 90 minutes.

| For dates of service before January 1, 2017, providers should report ONIVYDE using J3490 (Unclassified drugs) or J9999 (Not otherwise classified, antineoplastic drugs). |
PAYMENT

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<th>Payer Type</th>
<th>Payment Methodology</th>
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<tr>
<td>Medicare</td>
<td>Average Sales Price (ASP) + 6%*</td>
</tr>
<tr>
<td>Medicaid and Commercial Payers</td>
<td>Most non-Medicare payers are expected to pay separately for ONIVYDE® (irinotecan liposome injection); however, payment rates will vary by payer and provider contract.</td>
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JW MODIFIER

Effective January 1, 2017, Medicare requires providers to use the JW modifier (Drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single use vials that are appropriately discarded, and to document the discarded drug or biological in the patient’s medical record.

Wastage-reporting requirements for payers other than Medicare may vary—providers should check with their specific plans about policies related to use of the JW modifier.

*ASP + 6% payment applies to Medicare claims with dates of service on or after July 1, 2016.

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</tr>
<tr>
<td>Revenue</td>
<td>025X</td>
<td>Pharmacy</td>
</tr>
<tr>
<td></td>
<td>0636</td>
<td>Pharmacy, drugs requiring detailed coding</td>
</tr>
<tr>
<td>NDC®d</td>
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*It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for actual products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

†CPT © 2016 American Medical Association. All rights reserved.

‡For dates of service before January 1, 2017, hospital outpatient departments should report ONIVYDE using C9474 (injection, irinotecan liposome, 1 mg) for Medicare, or J3490/J9999 (Unclassified drugs/Not otherwise classified, antineoplastic drugs) for other payers.

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Wastage-reporting requirements for payers other than Medicare may vary—providers should check with their specific plans about policies related to use of the JW modifier.

*ASP + 6% payment applies to Medicare claims with dates of service on or after July 1, 2016.

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14—15. Click here for full Prescribing Information.
HOSPITAL OUTPATIENT: SAMPLE UB-04 CLAIM FORM

ONIVYDE® (irinotecan liposome injection) and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 claim form for billing ONIVYDE is provided below.

The sample claim form provided below is only an example. It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

<table>
<thead>
<tr>
<th>LOCATOR 42:</th>
<th>List the appropriate revenue code for the service provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Medicare: 0636 - Pharmacy, drugs requiring detailed coding</td>
</tr>
<tr>
<td></td>
<td>For payers other than Medicare, the revenue code for ONIVYDE may vary; although some private payers and Medicaid plans accept revenue code 0636 in the hospital outpatient setting, others may require revenue code 025X (Pharmacy).</td>
</tr>
</tbody>
</table>

| LOCATOR 43: | Enter the corresponding description for the revenue code listed in Locator 42. |

<table>
<thead>
<tr>
<th>LOCATOR 44:</th>
<th>Enter the appropriate HCPCS code.</th>
</tr>
</thead>
</table>

J9205 - Injection, irinotecan liposome, 1 mg

| LOCATOR 45: | Enter the service date. |

<table>
<thead>
<tr>
<th>LOCATOR 46:</th>
<th>Enter the number of service units for each line item. A single-dose vial (10 mL) contains 43 billable units of J9205.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use the JW modifier to report discarded units (if applicable) as required by Medicare or other payers.</td>
</tr>
</tbody>
</table>

| LOCATOR 47: | Enter the total charge for each line item. |

| LOCATOR 67: | Enter the primary diagnosis code. |

| LOCATOR 67 A-Q: | Enter any secondary diagnosis code(s) listed in the patient’s medical record. |

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14–15. Click here for full Prescribing Information.
PROVIDER READINESS: PROCESS

When preparing to treat a patient with ONIVYDE® (irinotecan liposome injection), consider the steps below to facilitate patient access, proper claims submission, and appropriate reimbursement for the drug:

- **Complete the PROVYDE® (ONIVYDE® Access Services) Start Form** to initiate a benefit verification and/or eligibility assessment for patient financial assistance, if required
  - If a prior authorization is required, confirm all coverage requirements and submit the necessary documentation to the payer

- If qualified, **enroll the patient in the various access and financial support services** available through PROVYDE and/or nonprofit organizations

- **Schedule the patient** for his/her ONIVYDE administration

- **Purchase ONIVYDE** (if not already in inventory) through one of the following Specialty Distributors:
  - ASD Healthcare
  - Cardinal Specialty
  - McKesson Plasma and Biologics
  - McKesson Specialty
  - Oncology Supply

- After treatment, **complete and submit the claim to the payer**, including all necessary information and accounting for any unused portion (wastage) of the single-use vial

- **Contact PROVYDE for support** through the claim submission process, including tracking the status of claims and providing updates

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14—15. Click here for full Prescribing Information.

TO GET STARTED WITH PROVYDE, CLICK HERE TO DOWNLOAD THE START FORM.
PROVIDER READINESS: TIPS

When considering offering ONIVYDE® (irinotecan liposome injection) at your practice, please refer to the steps below to ensure you are prepared for a successful reimbursement experience:

• **Contact commercial payers** and your local Medicare Administrative Contractor (MAC) for additional information about coverage, coding, and reimbursement policies for ONIVYDE
  - Inquire with commercial payers about the payment methodology for the appropriate unclassified Healthcare Common Procedure Coding System (HCPCS) code

• **Ensure clinical documentation** for each patient is in accordance with payer-specific coverage requirements

• **Know who in your practice is responsible for each of the following tasks:**
  - Verifying patient benefits
  - Securing prior authorizations/pre-certification
  - Discussing cost-share obligations with patients
  - Scheduling appointments for ONIVYDE administration
  - Purchasing ONIVYDE
  - Filing claims with payers

• **Update charge master/electronic billing system** to ensure that ONIVYDE is recognized

• **Anticipate requests from payers** for clinical documentation when filing claims for ONIVYDE

TO GET STARTED WITH PROVYDE, CLICK HERE TO DOWNLOAD THE START FORM.

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE on pages 14–15. **Click here** for full Prescribing Information.
PROVYDE® (ONIVYDE® ACCESS SERVICES)

START FORM INSTRUCTIONS

TO GET STARTED WITH PROVYDE, VISIT WWW.ONIVYDE.COM/ONIVYDE-ACCESS-SERVICES AND DOWNLOAD THE START FORM.

WHAT DO I NEED TO FILL OUT?

Complete Page 2 of the Start Form (sections 1, 2, 3, and 4) for the following services:
- Insurance Verification
- Referral to an Independent, Nonprofit Organization (Federally Insured Patients)*

Complete Pages 2 and 3 of the Start Form (sections 1, 2, 3, 4, 5, and 6) for the following services:
- $0 Commercial Copay Program
- Patient Assistance Program (PAP)

WHERE DO I SEND THIS FORM?

Fax: 844-269-3039
Mail: PO Box 4133
Gaithersburg, MD 20885-4133

WHAT SHOULD I EXPECT NEXT?

PROVYDE will:
- Acknowledge the Receipt of Your Request
- Initiate the Services You Requested
- Relay All Results to Your Office and Confirm Next Steps

*Completion of page 3 of the Start Form may expedite application process for nonprofit organizations.

Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE® (irinotecan liposome injection) on pages 14–15. Click here for full Prescribing Information.
**INDICATION AND IMPORTANT SAFETY INFORMATION**

**INDICATION**

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

Limitation of Use: ONIVYDE is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.

**WARNING: SEVERE NEUTROPENIA and SEVERE DIARRHEA**

Fatal neutropenic sepsis occurred in 0.8% of patients receiving ONIVYDE. Severe or life-threatening neutropenic fever or sepsis occurred in 3% and severe or life-threatening neutropenia occurred in 20% of patients receiving ONIVYDE in combination with 5-FU and LV. Withhold ONIVYDE for absolute neutrophil count below 1500/mm³ or neutropenic fever. Monitor blood cell counts periodically during treatment.

Severe diarrhea occurred in 13% of patients receiving ONIVYDE in combination with 5-FU/LV. Do not administer ONIVYDE to patients with bowel obstruction. Withhold ONIVYDE for diarrhea of Grade 2–4 severity. Administer loperamide for late diarrhea of any severity. Administer atropine, if not contraindicated, for early diarrhea of any severity.

**CONTRAINDICATION**

ONIVYDE is contraindicated in patients who have experienced a severe hypersensitivity reaction to ONIVYDE or irinotecan HCl.

**WARNINGS AND PRECAUTIONS**

Severe Neutropenia

ONIVYDE can cause severe or life-threatening neutropenia and fatal neutropenic sepsis. In a clinical study, the incidence of fatal neutropenic sepsis was 0.8% among patients receiving ONIVYDE, occurring in 1/117 patients in the ONIVYDE + 5-FU/LV arm and 1/147 patients receiving ONIVYDE as a single agent. Severe or life-threatening neutropenia occurred in 20% of patients receiving ONIVYDE + 5-FU/LV vs 2% of patients receiving 5-FU/LV. Grade 3/4 neutropenic fever/neutropenic sepsis occurred in 3% of patients receiving ONIVYDE + 5-FU/LV, and did not occur in patients receiving 5-FU/LV. In patients receiving ONIVYDE + 5-FU/LV, the incidence of Grade 3/4 neutropenia was higher among Asian (18/33 [55%]) vs White patients (13/73 [18%]). Neutropenic fever/neutropenic sepsis was reported in 6% of Asian vs 1% of White patients.

Severe Diarrhea

ONIVYDE can cause severe and life-threatening diarrhea. Do not administer ONIVYDE to patients with bowel obstruction. Severe and life-threatening late-onset (onset >24 hours after chemotherapy) and early-onset diarrhea (onset ≤24 hours after chemotherapy, sometimes with other symptoms of cholinergic reaction) were observed. An individual patient may experience both early- and late-onset diarrhea.

In a clinical study, Grade 3/4 diarrhea occurred in 13% of patients receiving ONIVYDE + 5-FU/LV vs 4% receiving 5-FU/LV. Grade 3/4 late-onset diarrhea occurred in 9% of patients receiving ONIVYDE + 5-FU/LV vs 4% in patients receiving 5-FU/LV; the incidences of early-onset diarrhea were 3% and no Grade 3/4 incidences, respectively. Of patients receiving ONIVYDE + 5-FU/LV, 34% received loperamide for late-onset diarrhea and 26% received atropine for early-onset diarrhea.

Interstitial Lung Disease (ILD)

Irinotecan HCl can cause severe and fatal 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.

Severe Hypersensitivity Reactions

Irinotecan HCl can cause severe hypersensitivity reactions, including anaphylactic reactions. Permanently discontinue ONIVYDE in patients who experience a severe hypersensitivity reaction.

Embryo-Fetal Toxicity

Based on animal data with irinotecan HCl and the mechanism of action of ONIVYDE, ONIVYDE can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during and for 1 month after ONIVYDE treatment.

**ADVERSE REACTIONS**

- The most common (≥20%) adverse reactions in which patients receiving ONIVYDE + 5-FU/LV experienced a ≥5% higher incidence of any Grade vs the 5-FU/LV arm, were diarrhea (any 59%, 26%; severe 13%, 4%) (early diarrhea [any 30%, 15%; severe 3%, 0%], late diarrhea...
**IMPORTANT SAFETY INFORMATION (CONT’D)**

[any 43%, 17%; severe 9%, 4%], fatigue/asthenia (any 56%, 43%; severe 21%, 10%), vomiting (any 52%, 26%; severe 11%, 3%), nausea (any 51%, 34%; severe 8%, 4%), decreased appetite (any 44%, 32%; severe 4%, 2%), stomatitis (any 32%, 12%; severe 4%, 1%), pyrexia (any 23%, 11%; severe 2%, 1%).

- Of less common (<20%) adverse reactions, patients receiving ONIVYDE® (irinotecan liposome injection) + 5-FU/LV who experienced Grade 3/4 adverse reactions at a ≥2% higher incidence of Grade 3/4 toxicity vs the 5-FU/LV arm, respectively, were sepsis (3%, 1%), neutropenic fever/neutropenic sepsis (3%, 0%), gastroenteritis (3%, 0%), intravenous catheter-related infection (3%, 0%), weight loss (2%, 0%), and dehydration (4%, 2%).
- The laboratory abnormalities in which patients receiving ONIVYDE + 5-FU/LV experienced a ≥5% higher incidence vs the 5-FU/LV arm, were anemia (any 97%, 86%; severe 6%, 5%), lymphopenia (any 81%, 75%; severe 27%, 17%), neutropenia (any 52%, 6%; severe 20%, 2%), thrombocytopenia (any 41%, 33%; severe 2%, 0%), increased alanine aminotransferase (any 51%, 37%; severe 6%, 1%), hypoalbuminemia (any 43%, 30%; severe 2%, 0%), hypermagnesemia (any 35%, 21%; severe 0%, 0%), hypokalemia (any 32%, 19%; severe 2%, 2%), hypocalcemia (any 32%, 20%; severe 1%, 0%), hypophosphatemia (any 29%, 18%; severe 4%, 1%), hyponatremia (any 27%, 12%; severe 5%, 3%), increased creatinine (any 18%, 13%; severe 0%, 0%).
- ONIVYDE can cause cholinergic reactions manifesting as rhinitis, increased salivation, flushing, bradycardia, miosis, lacrimation, diaphoresis, and intestinal hyperperistalsis with abdominal cramping and early-onset diarrhea. Grade 1/2 cholinergic symptoms other than early diarrhea occurred in 12 (4.5%) ONIVYDE-treated patients.
- Infusion reactions, consisting of rash, urticaria, periobital edema, or pruritus, occurring on the day of ONIVYDE administration were reported in 3% of patients receiving ONIVYDE or ONIVYDE + 5-FU/LV.
- The most common serious adverse reactions (≥2%) of ONIVYDE were diarrhea, vomiting, neutropenic fever or neutropenic sepsis, nausea, pyrexia, sepsis, dehydration, septic shock, pneumonia, acute renal failure, and thrombocytopenia.

**DRUG INTERACTIONS**

Avoid the use of strong CYP3A4 inducers, if possible, and substitute non-enzyme-inducing therapies ≥2 weeks prior to initiation of ONIVYDE. Avoid the use of strong CYP3A4 or UGT1A1 inhibitors, if possible, and discontinue strong CYP3A4 inhibitors ≥1 week prior to starting therapy.

**USE IN SPECIFIC POPULATIONS**

**Pregnancy and Reproductive Potential**

Advise pregnant women of the potential risk to a fetus. Advise males with female partners of reproductive potential to use effective contraception during and for 4 months after ONIVYDE treatment.

**Lactation**

Advise nursing women not to breastfeed during and for 1 month after ONIVYDE treatment.

**Pediatric**

Safety and effectiveness of ONIVYDE have not been established in pediatric patients.

**DOSAGE AND ADMINISTRATION**

The recommended dose of ONIVYDE is 70 mg/m² intravenous (IV) infusion over 90 minutes every 2 weeks, administered prior to LV and 5-FU. The recommended starting dose of ONIVYDE in patients known to be homozygous for the UGT1A1*28 allele is 50 mg/m² administered by IV infusion over 90 minutes. There is no recommended dose of ONIVYDE for patients with serum bilirubin above the upper limit of normal. Premedicate with a corticosteroid and an anti-emetic 30 minutes prior to ONIVYDE. Withhold ONIVYDE for Grade 3/4 adverse reactions. Resume ONIVYDE with reduced dose once adverse reaction recovered to ≤Grade 1. Discontinue ONIVYDE in patients who experience a severe hypersensitivity reaction and in patients with a confirmed diagnosis of ILD.

Do not substitute ONIVYDE for other drugs containing irinotecan HCl.

Please [click here](#) for full Prescribing Information for ONIVYDE.
Please see Indication and Important Safety Information, including Boxed WARNING, for ONIVYDE® (irinotecan liposome injection) on pages 14–15. Click here for full Prescribing Information.