Commercial PA Criteria

Effective: February 8, 2024

Prior Authorization: Iwilfin (eflornithine)

Products Affected: Iwilfin (eflornithine) oral tablets

Medication Description: IWILFIN (eflornithine) is indicated to 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.

Covered Uses:

1. High-risk neuroblastoma (HRNB)

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Prescriber Restriction: Medication must be prescribed by, or in consultation with, an oncologist

Age Restriction: 1 year or older

Coverage Duration:
Initial: 12 months
Continuation: 12 months, maximum of 24 months

Other Criteria:

Initial Approval Criteria

1. **Neuroblastoma**
   A. Patient has high-risk disease; **AND**
   B. The medication is being used to reduce the risk of relapse; **AND**
   C. Patient has had at least a partial response to prior multiagent, mutimodality therapy including anti-GD2 immunotherapy.

   Note: Examples of anti-glycolipid disialoganglioside (GD2) immunotherapy includes Unituxin® (dinutuximab intravenous infusion).

Renewal Criteria

1. Patient has not experienced unacceptable toxicity from the medication; **AND**
2. Tumor response with stabilization of disease or decrease in size of tumor or tumor spread

Confidential Information

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References:

1. Product Information: IWILFIN™ oral tablets, eflornithine oral tablets. USWM, LLC, Louisville, KY, 2023

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	02/08/2024

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