



Policy #UM ONC_1289 PROPRIETARY & CONFIDENTIAL

| POLICY NUMBER UM ONC_1289 | SUBJECT Vistogard™ (uridine triacetate) | | DEPT/PROGRAM UM Dept | PAGE 1 OF 2 |
|--|--|---|--|-------------|
| DATES COMMITTEE REVIEWED 04/13/16, 02/06/17, 01/30/18, 02/07/19, 12/11/19, 02/12/20 | APPROVAL DATE February 12, 2020 | EFFECTIVE DATE March 01, 2020 | COMMITTEE APPROVAL DATES (latest version listed last) 04/13/16, 02/06/17, 01/30/18, 02/07/19, 12/11/19, 02/12/20 | |
| PRIMARY BUSINESS OWNER: UM APPROVED BY: Dr. Andrew Hertler | | COMMITTEE/BOARD APPROVAL Utilization Management Committee | | |
| URAC STANDARDS HUM 1 | | NCQA STANDARDS UM 2 | ADDITIONAL AREAS OF IMPACT | |
| CMS REQUIREMENTS | STATE/FEDERAL REQUIREMENTS | | APPLICABLE LINES OF BUSINESS All | |

I. PURPOSE

To define and describe the accepted indications for Vistogard (uridine triacetate) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

- a. When health plan Medicaid coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- b. When health plan Exchange coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- c. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the **Preferred Drug Guidelines shall follow NCH L1 Pathways** when applicable, otherwise shall follow NCH drug policies: http://pathways.newcenturvhealth.com **AND**
- d. Continuation requests of previously approved non-preferred medication are not subject to this provision **AND**
- e. When available, generic alternatives are preferred over brand-name drugs.

2. Treatment of Fluorouracil or Capecitabine Overdose

- a. Vistogard (uridine triacetate) is being used as an emergency overdose treatment AND
- b. Overdose is defined as a fluorouracil dose or infusion rate that is greater than the intended fluorouracil dose or maximum tolerated dose.

3. Treatment of Severe or Life-Threatening Toxicity Due to Chemotherapy



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- a. Vistogard (uridine triacetate) is being used as an emergency treatment of fluorouracil or capecitabine toxicities **AND**
- b. Severe or life-threatening toxicities include the following: Central nervous system (e.g., encephalopathy, acute mental status change), cardiovascular system, gastrointestinal system (e.g., mucositis), and bone marrow suppression

III. III. EXCLUSION CRITERIA

- 1. Dosing exceeds single dose limit of Vistogard (uridine triacetate) 10 gm.
- 2. Treatment exceeds the maximum limit of 20 doses.
- 3. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

- 1. Review UM Department
- 2. Final Approval UM Committee

VI. ATTACHMENTS

None

VII. REFERENCES

- 1. Vistogard PI prescribing information. WellstatTherapeutics Corp. Gaithersburg, MD. 2018.
- 2. Clinical Pharmacology Elsevier Gold Standard. 2020.
- 3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2020.
- 4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2020.
- 5. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2020.