Pharmacy Medical Necessity Guidelines: Anti-emetic Medications

Effective: March 18, 2019

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM

These pharmacy medical necessity guidelines apply to the following:

Commercial Products

☐ Tufts Health Plan Commercial products – large group plans
☐ Tufts Health Plan Commercial products – small group and individual plans
☐ Tufts Health Freedom Plan products – large group plans
☐ Tufts Health Freedom Plan products – small group plans
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Tufts Health Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan

Fax Numbers:
RXUM: 617.673.0988

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Cesamet (nabilone) is indicated for the treatment of the nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. This restriction is required because a substantial proportion of any group of patients treated with Cesamet (nabilone) can be expected to experience disturbing psychotomimetic reactions not observed with other antiemetic agents.

Diclegis (doxylamine/pyridoxine) and Bonjesta (doxylamine/pyridoxine ER) are indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Bonjesta (doxylamine/pyridoxine ER) is indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Anzemet (dolasetron) tablet is a 5-HT_3 antagonist indicated for the prevention of nausea and vomiting associated with moderately emetogenic chemotherapy and repeat courses in adults and children 2 years of age and older.

Aprepitant capsule is a substance P/neurokinin 1 (NK_1) receptor antagonist indicated in combination with other antiemetic agents, in patients 12 years of age and older for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic chemotherapy (including high-dose cisplatin), and nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy. The capsules are also approved for prevention of postoperative nausea and vomiting (PONV) in adults.

Emend oral suspension (aprepitant) is indicated in combination with other antiemetic agents, in patients 6 months of age and older, for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy including high-dose cisplatin. It is also approved for the prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy.

Akynzeo (netupitant/palonsetron) oral capsule is a fixed combination of a substance P/neurokinin 1 (NK_1) receptor antagonist and a serotonin-3 ($5HT_3$) receptor antagonist indicated in combination with dexamethasone for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy. Oral palonsetron prevents nausea and vomiting during the acute phase and netupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy. Akynzeo is administered approximately one hour prior to the start of chemotherapy.

Sancuso (granisetron) transdermal is a 5-HT_3 receptor antagonist indicated for the prophylaxis of nausea and vomiting associated with moderately or highly emetogenic chemotherapy for up to five days.

Varubi (rolapitant) tablet is a substance P/neurokinin (NK_1) receptor antagonist indicated in combination with other antiemetic agents in adults for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.

The American Society of Clinical Oncology (ASCO) established a grading system to determine the likelihood of emesis following treatment with a chemotherapeutic regimen. Guidelines for the treatment of chemotherapy induced nausea and vomiting (CINV) are based on the emetogenicity of the treatment regimen. The 2015 ASCO antiemesis guidelines recommend the use of an NK_1 receptor antagonist in combination with a 5-HT_3 receptor antagonist and dexamethasone. Patients being treated with a moderately emetogenic chemotherapy regimen should be treated with a 5-HT_3 receptor antagonist and dexamethasone. A single 8-mg dose of dexamethasone prior to chemotherapy is suggested for patients being treated with regimen with low emetogenic potential. The table below lists the level of emetogenicity based on chemotherapeutic drug and dose. For multi-drug regimens with varying levels of emetogenicity, the overall emetogenicity of the regimen is based on the drug component with the highest level.

Level of Emetogenicity	Chemotherapeutic Drug and Dose	
High	Antracycline/cyclophosphamide Carmustine Cisplatin Cyclophosphamide ≥ 1500 mg/m^2	Dacarbazine Mechlorethamine Streptozocin
Moderate	Alemtuzumab Azacytidine Bendamustine Carboplatin Clofarabin Cyclophosphamide < 1500 mg/m^2 Cytarabine > 1000 mg/m^2 Daunorubicin* Doxorubicin*	Epirubicin* Idarubicin* Ifosfamide Irinotecan, liposomal irinotecan Oxaliplatin Romidepsin Temozolomide Thiotepa Trabectedin
Low	Afibercept Belinostat Blinatumomab Bortezomib Brentuximab Cabazitaxel Carfilzomab Catumaxumab Cetuximab Cytarabaine ≤ 1000 mg/m^2 Docetaxel Eribulin Etoposide Fluorouracil Gemcitabline	Iplimumab Ixabepilone Methotrexate Mitomycin Mitoxantrone Paclitatxel and nab-paclitaxel Panitumumab Pegylated liposomal doxorubicin Pemetrexed Pertuzumab Temsirolimus Topotecan Ado-trastuzumab emtansine Vinflunine
Minimal	Bevacizumab Bleomycin Busulfan 2-Chlorodeoxyadenosine Cladribine Fludarabine Nivolumab Ofatumumab	Pembrolizumab Pixantrone Pralatrexate Rituximab Trastuzumab Vinblastine Vincrisstine Vinorelbine

*When combined with cyclophosphamide, these agents are designated as having high emetogenic potential.

COVERAGE GUIDELINES

The plan may authorize coverage of a non-preferred anti-emetic medication for Members when **all** the following criteria are met:

Anzemet (dolasetron) tablet

1. The member is being treated with chemotherapy that is moderate or high emetogenic potential

AND

2. The member has had an inadequate response or intolerance to a trial with generic ondansetron and generic granisetron.

Aprepitant capsule

1. The member is being treated with chemotherapy that is highly emetogenic, as defined American Society of Clinical Oncology (ASCO)

OR

2. The member is being treated with a moderately emetogenic chemotherapy regimen, as defined by ASCO

AND

The member has had an inadequate response, intolerance, or contraindication to a trial of a serotonin antagonist (e.g., ondansetron, granisetron) used in combination with dexamethasone

OR

1. Aprepitant is being prescribed for prevention of post-operative nausea and vomiting

AND

2. The provider provides clinical rationale why the member cannot take a generic 5-HT_3 receptor antagonist (e.g., ondansetron, granisetron) or dexamethasone

Aprepitant oral solution (Emend)

1. The member is being treated with chemotherapy that is highly emetogenic, as defined American Society of Clinical Oncology (ASCO)

OR

The member is being treated with a moderately emetogenic chemotherapy regimen, as defined by ASCO **AND** the member has had an inadequate response, intolerance, or contraindication to a trial of a serotonin antagonist (e.g., ondansetron, granisetron) used in combination with dexamethasone

AND

2. The member is unable to administer aprepitant capsules due to swallowing difficulties

Doxylamine/pyridoxine (Diclegis)

1. The Member is diagnosed with nausea and vomiting associated with pregnancy

AND

2. The Member tried and failed concurrent therapy with over-the counter doxylamine and pyridoxine, or the provider indicates clinical inappropriateness of treatment with the concurrent use of over-the counter doxylamine and pyridoxine

Doxylamine/pyridoxine ER (Bonjesta)

1. The Member is diagnosed with nausea and vomiting associated with pregnancy

AND

2. The Member tried and failed concurrent therapy with over-the counter doxylamine and pyridoxine, or the provider indicates clinical inappropriateness of treatment with the concurrent use of over-the counter doxylamine and pyridoxine

AND

3. The Member has had an inadequate response to Diclegis (doxylamine/pyridoxine)

Dronabinol oral solution (Syndros)

1. The Member has one of the following diagnoses:

   a. Anorexia associated with weight loss in patients with AIDS

   b. Nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments

AND

2. Provider indicates a clinical rationale why the Member is unable to administer generic dronabinol oral capsules (e.g., swallowing difficulties)

Granisetron transdermal (Sancuso)

1. The Member is receiving emetogenic chemotherapy for a duration of at least five consecutive days

AND

2. The member has had an inadequate response or intolerance to generic ondansetron and generic granisetron

OR

The member is unable to administer or had an inadequate response to generic ondansetron oral dispersible tablet (ODT)

Nabilone (Cesamet)

1. The Member has tried and failed therapy with at least two alternative generic antiemetic agents (e.g., ondansetron, aprepitant, dexamethasone).

Netupitant/palonsetron (Akynzeo) capsule, Rolapitant (Varubi) tablet

1. The member is being treated with chemotherapy that is highly emetogenic, as defined American Society of Clinical Oncology (ASCO)

AND

The member has had an inadequate response or intolerance to a trial of aprepitant oral capsule in combination with a serotonin antagonist (e.g., ondansetron, granisetron) and dexamethasone

OR

2. The member is being treated with a moderately emetogenic chemotherapy regimen, as defined by ASCO

AND

The member has had an inadequate response, intolerance, or contraindication to a trial of a serotonin antagonist (e.g., ondansetron, granisetron) used in combination with dexamethasone

LIMITATIONS

1. Akynzeo (netupitant/palonsetron) capsule is limited to one capsule per prescription.
2. Anzemet (dolasetron) 100 mg tablet is limited to 10 tablets per fill.
3. Anzemet (dolasetron) 50 mg tablet is limited to 5 tablets per fill.
4. Aprepitant capsule is limited to 6 capsules per fill.
5. Emend (aprepitant) oral solution is limited to 3 units per 7 days.
6. Sancuso (granisetron) is limited to one transdermal patch per 7 days, not to exceed 4 patches per 28 days.
7. Varubi (rolapitant) tablet is limited to 6 tablets every 30 days and 2 tablets per fill.
8. Approval duration of Diclegis (doxylamine/pyridoxine) is nine months.

CODES

None

REFERENCES

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13. Syndros (dronabinol) [prescribing information]. Chandler, AZ: Insys Therapeutics, Inc; May 2017.
14. Bonjesta (doxyamine/pyridoxine ER) [prescribing information]. Bryn Mawr, PA: Duchesnay USA, Inc; November 2016.

APPROVAL HISTORY

July 8, 2014: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:
1. July 14, 2015: Non-covered medications and QL criteria removed; incorporated criteria for Cesamet and Diclegis.
2. January 1, 2016: Administrative change to rebranded template.
3. July 12, 2016: No changes.
4. May 9, 2017: Administrative update. Effective 6/1/2017, Medical Necessity Guideline applies to Tufts Health RITogether. Added approval criteria for Anzemet, aprepitant capsule, Emend oral solution, Akynzeo, and Varubi. Updated Sancuso criteria.
5. July 11, 2017: Administrative update. Clarified the quantity limit for Sancuso (granisetron transdermal). Provided examples of therapeutic trial options.
6. September 12, 2017: Added criteria for Syndros (dronabinol oral solution).
7. April 10, 2018: Added criteria for Bonjesta (doxylamine/pyridoxine ER) to the MNG.
8. March 12, 2019: Updated criteria for apreptitant capsule for the prophylaxis of post-operative nausea and vomiting. Updated nabilone criteria to include dexamethasone as a previous trial option. Administrative changes made to template.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of

benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.