

### Brand Antiemetics for Chemotherapy Induced Nausea and Vomiting

**Policy:** PHARM-CHIP-006

**Origination Date:** 07/01/2024

**Reviewed/Revised Date:**

**Next Review Date:** 07/22/2023

**Current Effective Date:** 07/01/2024

#### Disclaimer:

1. Policies are subject to change in accordance with Federal and State notice requirements.
2. Policies outline coverage determinations for Healthy U CHIP. Refer to the "Policy" and "Lines of Business" section for more information.
3. Services requiring prior-authorization may not be covered, if the prior-authorization is not obtained.
4. This Pharmacy Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

#### Purpose

To define the conditions under which brand name antiemetics may be covered.

- A. Akynzeo® (netupitant and palonosetron) capsules
- B. Sancuso® (granisetron) patch
- C. Sustol® (granisetron) subcutaneous injection
- D. Varubi® (rolapitant) tablets
- E. Zuplenz (ondansetron) film

#### Definitions

1. NK1 RA: Substance P/Neurokinin1 Receptor Antagonist
2. 5HT3 RA: 5HT-3 Serotonin Receptor Antagonist

#### Policy/Coverage

##### 2. Prior Authorization Criteria

A. Brand name antiemetics may be considered if all of the following are met:

i. Request is made for one of the following indications:

i. Prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic intravenous chemotherapy.

ii. Prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic

intravenous chemotherapy IF there is documented previous treatment failure, intolerance, contraindication to a regimen with a steroid + 5HT3 RA + olanzapine OR if there is clinical reasoning provided as to why a NK-1 RA is needed.

**3. Drug Specific Criteria:**

- A. Akynzeo (netupitant and palonosetron) capsules:
  - i. Requires trial and failure of, or contraindication/intolerance to aprepitant or fosaprepitant in combination with palonosetron
- B. Sancuso (granisetron) patch
  - i. Requires trial and failure of, or contraindication to, ondansetron and granisetron oral formulations
- C. Sustol (granisetron) subcutaneous injection:
  - i. Requires trial and failure of, or contraindication to:
    - 1) Ondansetron oral formulation
    - 2) Granisetron generic tablets
    - 3) Sancuso patch
- D. Varubi (rolapitant) tablets:
  - i. Requires trial and failure of, or contraindication/intolerance to aprepitant and fosaprepitant
- E. Zuplenz (ondansetron) film
  - i. Requires trial and failure of, or contraindication to:
    - 1) Ondansetron ODT formulation
    - 2) Granisetron oral formulation

**4. Dosage**

- A. Dosing must be in accordance with US Food and Drug Administration (FDA) approved package insert.
  - i. The professional provider must supply supporting documentation (i.e., published peer-reviewed literature) in order to request coverage for any dose outside of the Food and Drug (FDA) package insert listed in this policy. For a list of Health Plan-recognized pharmacology compendia, view our policy on off-label coverage for prescription drugs and biologics.

**5. Exclusions/Contraindications**

- A. The prior use of samples will not be considered in the determination of a member's eligibility for coverage for this medication.

**6. Approval Duration**

- A. Initial Authorization: Will be equal to chemotherapy duration, for up to one year
- B. Re-Authorization: Will be equal to chemotherapy duration, for up to one year

**Lines of Business**

**1. University of Utah Health Plans**

- A. Healthy U CHIP

**References:**

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2. Varubi® [package insert]. Lake Forest, IL; TerSera Therapeutics LLC. Revised 08/2020. Accessed 06/26/22.
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6. Zuplenz® (ondansetron film) [Package Insert]. Fortovia Therapeutics Inc. Raleigh, NC 27615. Revised 10/2021. Accessed 06/26/2022.
7. Anzemet® [Package Insert]. Parsippany, NJ; Validus Pharmaceuticals LLC. Revised 09/2021. Accessed 06/26/2022.
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9. Granisetron tablets [Package Insert]. Berlin, CT: Breckenridge Pharmaceutical. Revised 05/2022. Accessed 06/26/2022.
10. Sustol® (granisetron injection) [Package Insert] Heron Therapeutics, Inc. San Diego, CA. Revised 05/2017. Accessed 06/26/2022.
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Date	Review, Revisions, Approvals
07/01/2024	Healthy U CHIP policy created. Separated out from PHARM-HU-006

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