

Commercial/Healthcare Exchange PA Criteria

Effective: September 2007

Prior Authorization: 5HT₃ Receptor Antagonists

Products Affected: Akynzeo (netupitant and palonosetron) oral capsule, Sancuso (granisetron) topical patch, Zuplenz (ondansetron) oral film

Medication Description: 5-HT₃-receptor antagonists block serotonin, both peripherally on vagal nerve terminals and centrally in the chemoreceptor trigger zone

Covered Uses:

Akynzeo is indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy

Anzemet is FDA approved for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses, and for the prevention of postoperative nausea and vomiting.

Granisetron is FDA approved for the prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy and nausea and vomiting associated with radiation.

Sancuso is indicated for the prevention of nausea and vomiting in patients receiving moderately and/or highly emetogenic chemotherapy regimens of up to 5 consecutive days duration.

Zuplenz is indicated for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, the prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, the prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to abdomen, or daily fractions to the abdomen, and the prevention of postoperative nausea and/or vomiting.

Sustol is indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous Medication trials

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient is receiving emetogenic chemotherapy or radiation therapy; **AND**
- B. Patient has an adequate trial and failure, intolerance, or contraindication to ondansetron **AND** granisetron.

References:

1. Facts & Comparisons Online
2. Sancuso patch full prescribing information. Bedminster, NJ: ProStrakan Inc.
3. Zuplenz, Full prescribing information. Monosol Rx, LLC, Portage, IN,
4. Akynzeo (netupitant/palonosetron) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc; December 2016

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	September 2007
2	Update	<p>Updated Template from CCI to EH</p> <p>CCI P&T Review History: 9/07, 6/08, 12/08, 9/09, 9/10, 12/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 5/17, 11/17, 5/18, 11/18</p> <p>CCI Revision Record: 12/08, 9/10, 1/15, 5/17, 5/18</p>	All	2/7/2020