Medical Policy:

Akynzeo® (fosnetupitant and palonosetron) Injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.60	February 10, 2025	

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Akynzeo (fosnetupitant and palonosetron) for injection is a combination of palonosetron, a serotonin-3 (5-HT_3) receptor antagonist and fosnetupitant, a substance P/neurokinin-1 (NK-1) receptor antagonist. Palonosetron prevents nausea and vomiting during the acute phase and fosnetupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy.

Akynzeo for injection is indicated in combination with dexamethasone for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy in adults.

Highly Emetogenic Chemotherapy (HEC)			
Carboplatin	Carmustine	Cisplatin	Cyclophosphamide
Dacarbazine	Doxorubicin	Epirubicin	Ifosfamide
Mechlorethamine	Streptozocin	Melphalan ≥140 mg/m^2	Fam-trastuzumab deruxtecan-nxki
Sacituzumab govitecan-hzi			
Moderately Emetogenic Chemotherapy (MEC)			

Aldesleukin >12-15 million IU/m^2	Amifostine >300mg/m^2	Bendamustine	Busulfan
Clofarabine	Cytarabine >200mg/m^2	Dinutuximab	Dual-drug liposomal encapsulation of cytarabine and daunorubicin
Irinotecan Liposomal	Lurbinectedin	Melphalan <140 mg/m^2	Mirvetuximab soravtansine-gynx
Naxitamab-gqgk	Romidepsin	Temozolomide	

The following can be considered HEC in certain patients		
Dactinomycin	Daunorubicin	Idarubicin
Irinotecan	Methotrexate ≥ 250mg/m^2	Oxaliplatin
Trabectedin		

The following regimens can be considered HEC			
FOLFOX	FOLFIRI	FOLFIRINOX; FOLFOXIRI	AC (any anthracycline + cyclophosphamide)

Length of Authorization

Coverage will be provided for 6 months and may be renewed

Dosing Limits [Medical Benefit]

Max units (per dose and over time):

- 1 vial (fosnetupitant 235 mg and palonosetron 0.25mg) on day 1 of chemotherapy per 7 days

Guideline

I. INITIAL CRITERIA

1. **Prevention of chemotherapy-induced nausea and vomiting (CINV)**

Akynzeo (fosnetupitant and palonosetron) is considered when the following criteria are met:

A. Patient is 18 years of age or older; **AND**

B. Akynzeo will be used in combination with dexamethasone; **AND**

C. Patient is undergoing highly emetogenic cancer chemotherapy (HEC); **AND**

D. Patient has failed a trial a 5-HT3 receptor antagonist (e.g., ondansetron, granisetron, palonosetron) in combination with a NK1 receptor antagonist (e.g. aprepitant, fosaprepitant, rolapitant) while receiving the current chemotherapy regimen, as defined as:

   i. Two or more episodes of vomiting attributed to the current chemotherapy regimen; **OR**

   ii. Clinically significant adverse effects attributed to the 5-HT3 or NK1 receptor antagonist; **OR**

   iii. Contraindications to alternative 5-HT3 or NK1 receptor antagonist; **AND**

E. Akynzeo is NOT covered for any of the following:

   i. Breakthrough emesis **OR**

   ii. Repeat dosing in multi-day emetogenic chemotherapy regimens **OR**

   iii. CINV related to an anthracycline plus cyclophosphamide chemotherapy regimen

II. RENEWAL CRITERIA

1. **Prevention of chemotherapy-induced nausea and vomiting (CINV)**

Coverage for Akynzeo (fosnetupitant and palonosetron) may be renewed when the following criteria are met:

A. Patient continues to meet the criteria identified in the initial approval criteria above; **AND**
B. Disease response; **AND**
C. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, serotonin syndrome, etc.

Limitations/Exclusions

1. Approval will be granted for 6 months and may be renewed
2. Akynzeo use for the prevention of nausea and vomiting associated with anthracycline plus cyclophosphamide chemotherapy will be considered investigational and not be covered

Applicable Procedure Codes

Code	Description
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg

Applicable NDCs

Code	Description
69639-0102-01	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
69639-0105-01	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg

ICD-10 Diagnoses

Code	Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T45.95XD	Adverse effect of unspecified primarily systemic and hematological agent, subsequent encounter
T45.95XS	Adverse effect of unspecified primarily systemic and hematological agent, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/10/2025	Addition of updated ICD10 codes.
EmblemHealth & ConnectiCare	4/29/2024	Annual Review: Updated HEC charts. Initial Criteria: added: "Akynzeo is NOT covered for any of the following: Breakthrough emesis, Repeat dosing in multi-day emetogenic chemotherapy regimens, CINV related to an anthracycline plus cyclophosphamide chemotherapy regimen"
EmblemHealth & ConnectiCare	8/10/2023	Annual Review: Removed ICD-10 codes: R11.13, R11.14, T45.1X5D; Added: T45.95XA and T50.905A
EmblemHealth & ConnectiCare	3/17/2022	Updated Procedure Code to Q2055 and put on new template
EmblemHealth & ConnectiCare	12/30/2020	Annual Review
EmblemHealth & ConnectiCare	9/30/2019	Annual Review
EmblemHealth & ConnectiCare	12/03/2018	Added J1454 and removed J3590, C9033 from Applicable Procedure Codes

References

1. Akynzeo [package insert]. Helsinn Therapeutics (U.S.), INC., Iselin, NJ. October, 2020.