Drug Policy:

$5HT_3$ Receptor Antagonists

POLICY NUMBER UM ONC_1035	**SUBJECT** $5HT_3$ receptor antagonists (Zofran, Granisetron, Anzemet, Aloxi, Akynzeo, Sancuso, Sustol)	**DEPT/PROGRAM** UM Dept	**PAGE 1 of 4**
DATES COMMITTEE REVIEWED 01/12/11, 02/27/12, 07/11/12, 06/01/13, 07/10/13, 07/24/14, 11/12/14, 12/17/15, 04/08/16, 05/24/16, 08/24/16, 05/10/17, 05/07/18, 07/10/19, 12/11/19, 03/11/20, 07/08/20, 03/10/21, 04/14/21, 07/14/21, 11/15/21, 05/11/22, 06/08/22	**APPROVAL DATE** June 8, 2022	**EFFECTIVE DATE** June 24, 2022	**COMMITTEE APPROVAL DATES** 01/12/11, 02/27/12, 07/11/12, 06/01/13, 07/10/13, 07/24/14, 11/12/14, 12/17/15, 04/08/16, 05/24/16, 08/24/16, 05/10/17, 05/07/18, 07/10/19, 12/11/19, 03/11/20, 07/08/20, 03/10/21, 04/14/21, 07/14/21, 11/15/21, 05/11/22, 06/08/22
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**NCQA STANDARDS** UM 2	**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**	**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for $5HT_3$ receptor antagonists (Zofran, Granisetron, Anzemet, Aloxi, Akynzeo, Sancuso, Sustol) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. 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
2. 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
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways (http://pathways.newcenturyhealth.com/) when applicable, otherwise shall follow NCH drug policies AND
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs AND
6. When there is a documented drug shortage, disease progression, contraindication, or confirmed intolerance to a Preferred drug/regimen, per NCH Policy and Pathway, the available alternative product may be used if deemed medically appropriate and the indication is listed in a standard reference compendia or accepted peer review literature. For a list of current drug shortages, please refer to FDA drug shortage website in the reference section.

B. Antiemesis

1. Zofran (ondansetron), Kytril (granisetron), or Aloxi (palonosetron) may be used prior to the administration of low, moderate, or highly emetogenic chemotherapy.
   a. The above agents can also be used [except for Aloxi (palonosetron), see exclusion criteria]:
      i. Before radiation to the upper abdomen or total body irradiation OR
      ii. Treatment for nausea/vomiting induced by chemotherapy, immunotherapy, oral oncolytic therapy, targeted therapy, and radiation.
2. Sustol (granisetron extended release), Akynzeo (netupitant oral/fosnetupitant injection + palonosetron), or Sancuso (granisetron PATCH) is being used as ONE of the following:
   a. Before or after highly emetogenic chemotherapy, for example cisplatin or anthracycline and cyclophosphamide combination chemotherapy regimens OR
   b. Before moderate/highly emetic risk chemotherapy in members who have failed or are intolerant to any $5HT_3$+ agent + Emend (fosaprepitant) combination.
3. NOTE: Per NCH policy, generic intravenous Emend (fosaprepitant) + 5HT3 receptor antagonist [e.g., Zofran (ondansetron), Granisetron, or Aloxi (palonosetron)] are preferred over Akynzeo (netupitant oral /fosnetupitant injection-palonosetron), Sancuso (granisetron patch), or Sustol (granisetron extended release) for moderately/highly emetogenic chemotherapy. Exception: Failure/Intolerance to any of the above preferred combinations, OR refractory delayed nausea/emesis despite any of the above preferred combinations.

III. EXCLUSION CRITERIA

A. Aloxi and Akynzeo are being used for prevention of radiation induced nausea and vomiting or for the treatment of breakthrough nausea/vomiting.

B. Dose exceeds the maximum single dose limits for IV Zofran 16 mg, Oral Zofran 24 mg, Granisetron 2 mg IV/PO, Sancuso 34.3 mg patch, Anzemet 100 mg, Aloxi 0.25 mg IV, Aloxi 0.5 mg PO, Akynzeo 300 mg/0.5 mg (oral) or 235 mg/0.25 mg (IV), and Sustol 10 mg.

C. Investigational use of HT3 receptor antagonists (Zofran, Granisetron, Anzemet, Aloxi, Akynzeo, Sancuso, Sustol) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

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

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Zofran prescribing information. GlaxoSmithKline Research. Triangle Park, NC 2020.

B. Granisetron prescribing information. Roche Laboratories Inc. Nutley, New Jersey 2019.

C. Aloxi prescribing information. Eisai Inc. Woodcliff Lake, NJ 2020.

D. Sancuso prescribing information. Kyowa Kirin, Inc. Bedminister, NJ 2021.

E. Sustol prescribing information. Heron Therapeutics. Redwood City, CA 2017.

F. Akynzeo prescribing information. Helsinn Therapeutics (U.S.), Inc. Iselin, NJ 2021.

G. Clinical Pharmacology Elsevier Gold Standard 2022.

H. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2022.

I. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2022.

J. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2022.

K. FDA drug safety communication: abnormal heart rhythms associated with use of anzemet (dolasetron mesylate). http://www.fda.gov/Drugs/DrugSafety/ucm237081.htm Accessed December 20, 2010.

L. Hesketh PJ, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. Journal of Clinical Oncology 2017 35:28, 3240-3261.

M. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

N. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

O. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.