Clinical Policy Title:	dolasetron
Policy Number:	RxA.13
Drug(s) Applied:	Anzemet®
Original Policy Date:	02/07/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Dolasetron (Anzemet®) is a serotonin (5-HT_3) receptor antagonist.

Anzemet® is indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses in adults and children 2 years and older.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
dolasetron (Anzemet®)	Prevention of chemotherapy-induced nausea and vomiting	Adults: 100 mg PO given within 1 hr before chemotherapy Pediatrics (age 2 to 16 years): 1.8 mg/kg PO given within 1 hr before chemotherapy	100 mg/day

Dosage Forms

- Tablet 50 mg, 100 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all):

1. Prescribed for the prevention or treatment of chemotherapy-induced nausea/vomiting;
2. Age is 2 years or more;
3. Member is scheduled to receive cancer chemotherapy (*see Appendix D*);
4. Failure of a formulary 5-HT_3 receptor antagonist (*ondansetron is preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 100 mg per day;

b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval Duration
Commercial: Projected course of chemotherapy up to 72 hours after completion of chemotherapy
Medicaid: Projected course of chemotherapy up to 72 hours after completion of chemotherapy

II. Continued Therapy Approval

A. Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all):

1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. Member continues to receive cancer chemotherapy;
4. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 100 mg per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval Duration
Commercial: Projected course of chemotherapy up to 72 hours after completion of chemotherapy
Medicaid: Projected course of chemotherapy up to 72 hours after completion of chemotherapy

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
HT3: Serotonin 5-hydroxytryptamine, type 3
ASCO: American Society of Clinical Oncology

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements

Drug Name	Dosing Regimen	Maximum Dose
5-HT_3 Serotonin Antagonists		
(fosnetupitant/ palonosetron) Akynzeo®	Prevention of nausea and vomiting associated with highly emetogenic chemotherapy 1 vial IV given 30 min prior to chemotherapy on day 1	1 vial/ chemotherapy cycle
(netupitant/ palonosetron) Akynzeo®	Prevention of nausea and vomiting associated with highly emetogenic chemotherapy 1 capsule PO given 1 hour prior to initiation of chemotherapy on day 1 (in combination with dexamethasone) or 1 vial IV given 30 min prior to initiation of chemotherapy on day 1	1 capsule or vial/chemotherapy cycle

Drug Name	Dosing Regimen	Maximum Dose
palonosetron (Aloxi®)	Prevention of nausea and vomiting associated with chemotherapy 0.25 mg IV given 30 min prior to chemotherapy	0.25 mg/day
ondansetron (Zofran®, Zuplenz®)	Prevention of nausea and vomiting associated with moderately emetogenic chemotherapy. Age 12 years or older: 8 mg PO given 30 min prior to chemotherapy, then repeat dose 8 hrs after initial dose, then 8 mg PO BID for 1 to 2 days after chemotherapy completion. Age 4 to 11 years: 4 mg PO given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose, then 8 mg PO TID for 1 to 2 days after chemotherapy completion Prevention of nausea and vomiting associated with highly emetogenic chemotherapy 24 mg PO given 30 min prior to start of single- day chemotherapy Prevention of nausea and vomiting associated with emetogenic chemotherapy 0.15 mg/kg/dose IV given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose. Treatment of nausea and vomiting associated with chemotherapy* 16 to 24 mg PO daily or 8 to 16 mg IV	PO: 24 mg/day IV: 16 mg/dose (up to 3 doses/day)
Sancuso® (granisetron)	Prevention of nausea and vomiting associated with chemotherapy Apply 1 patch at least 24 hrs prior to chemotherapy; may be applied up to 48 hrs after chemotherapy. Treatment of nausea and vomiting associated with chemotherapy* Apply 1 patch every 7 days	1 patch/7 days

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
*Off-label

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - known hypersensitivity to the drug.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN) Recommendations in Oncology

- Minimal emetic risk chemotherapy: No routine prophylaxis is recommended.
- Low emetic risk chemotherapy: Recommended options include dexamethasone (recommended by both ASCO and NCCN) or metoclopramide, prochlorperazine, or a 5- HT_3 receptor antagonist (recommended by NCCN only). NK1 receptor antagonists are not included in low risk antiemetic recommendations.
- Moderate emetic risk chemotherapy: 5-HT_3 receptor antagonists and dexamethasone may be used in combination and with or without NK1 receptor antagonists. Olanzapine may also be used in combination with palonosetron and dexamethasone.
  - Examples of moderate emetic risk chemotherapy: azacitidine, alemtuzumab, bendamustine, carboplatin, clofarabine, cyclophosphamide < 1,500 mg/m2, cytarabine < 1,000 mg/m2, daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, oxaliplatin
- High emetic risk chemotherapy: NK1 receptor antagonists are recommended for use in combination with 5-HT_3 receptor antagonists and dexamethasone. Olanzapine may also be used in combination with 5-HT3 receptor antagonists, dexamethasone, and/or NK1 receptor antagonists.
  - Examples of high emetic risk chemotherapy: carmustine, cisplatin, cyclophosphamide ≥ 1,500 mg/m^2, dacarbazine, dactinomycin, mechlorethamine, streptozocin.
- Breakthrough emesis: Per NCCN, an agent from a different drug class is recommended to be added to the current antiemetic regimen. Drug classes include atypical antipsychotics (olanzapine), benzodiazepines (lorazepam), cannabinoids (dronabinol, nabilone), phenothiazines (prochlorperazine, promethazine), 5-HT3 receptor antagonists (dolasetron, ondansetron, granisetron), steroids (dexamethasone), or (haloperidol, metoclopramide, scopolamine). An NK1 receptor antagonist may be added to the prophylaxis regimen of the next chemotherapy cycle if not previously included.

References

1. Anzemet® Prescribing Information. Parsippany, NJ: Validus Pharmaceuticals LLC; January 2019. Available at: http://anzemet-tablets.com/wp-content/uploads/sites/10/2016/06/anzemet- tablets-pi.pdf. Accessed January 18, 2021.
2. Hesketh, PJ, Kris MG, Basch E, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol 2017: JCO2017744789.
3. National Comprehensive Cancer Network. Antiemesis Version 1.2021. Available at https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed on January 18, 2021.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/. Accessed on January 18, 2021
5. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated

periodically. Accessed January 18, 2021

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
1. Updated References 2. Updated alternatives	05/2020	05/21/2020
Policy was reviewed: 1. Policy title table was updated: Line of business policy applies was updated to All lines of business. 2. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by Rxadvance. 3. Appendix B Therapeutic Alternatives, language rephrased and deleted the discontinued drugs. 4. References were reviewed and updated.	1/18/2021	03/09/2021