Clinical Policy Title:	netupitant/palonosetron, fosnetupitant/palonosetron
Policy Number:	RxA.334
Drug(s) Applied:	Akynzeo®
Original Policy Date:	03/06/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

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

1. Prescribed for the prevention of chemotherapy-induced nausea/vomiting;
2. Age ≥ 18 years;
3. Trial and failure of a 5-HT3 receptor antagonist (ondansetron is preferred), unless contraindicated or clinically significant adverse effects are experienced;
4. Trial and failure of an NK1 antagonist (aprepitant is preferred), unless contraindicated or clinically significant adverse effects are experienced;
   Prior authorization is required for aprepitant.
5. Prescribed in combination with dexamethasone;
6. If request is for Akynzeo® capsules, dose does not exceed netupitant 300 mg/palonosetron 0.5 mg (1 capsule) per chemotherapy cycle;
7. If request is for Akynzeo® for injection, dose does not exceed fosnetupitant 235 mg/palonosetron 0.25 mg (1 vial) per chemotherapy cycle.

Approval Duration
Commercial: Projected course of chemotherapy
Medicaid: Projected course of chemotherapy

II. Continued Therapy Approval

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

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Prescribed in combination with dexamethasone;
4. If request is for a dose increase of Akynzeo® capsules, new dose does not exceed netupitant 300 mg/palonosetron 0.5 mg (1 capsule) per chemotherapy cycle;
5. If request is for a dose increase of Akynzeo® for injection, new dose does not exceed fosnetupitant 235 mg/palonosetron 0.25 mg (1 vial) per chemotherapy cycle.

Approval Duration
Commercial: Projected course of chemotherapy
Medicaid: Projected course of chemotherapy

References

1. National Comprehensive Cancer Network. Antiemesis Version 2.2022. Available at https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf . Accessed September 12, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Continued Therapy Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated.	08/16/2021	12/7/2021
Policy was reviewed: 1. References were reviewed and updated.	09/12/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023