

Oncology I.V. Anti-Emetics:

Akynzeo (netupitant, fosnetupitant; palonosetron), Aloxi (palonosetron), Cinvanti (aprepitant), Emend (fosaprepitant), Sustol (granisetron), Varubi (rolapitant)

Effective Date: 5/2/2022

Revision Date(s): 9/2020, 10/2021

Review Date: 4/8/2022

Policy type: Medical Necessity

Approval Criteria

Authorizations are for 6 months. Coverage is provided for the following conditions:

Universal Criteria Applied to All Requests

- Dose and frequency should be consistent with FDA labeling, NCCN, or indication specific peer-reviewed literature

Aloxi

Prophylaxis of Chemotherapy-Induced Nausea and Vomiting

- The member is receiving highly emetogenic chemotherapy (HEC) or moderately emetogenic chemotherapy (MEC), and
- The member is receiving palonosetron in combination with dexamethasone (unless documented contraindication)

Sustol/Akynzeo

Prophylaxis of Chemotherapy-Induced Nausea and Vomiting

- The member is receiving highly emetogenic chemotherapy (HEC) or moderately emetogenic chemotherapy (MEC); and
- The member must be on concomitant corticosteroid (e.g., dexamethasone)

Cinvanti/Emend/Varubi

Prophylaxis of Chemotherapy-Induced Nausea and Vomiting

- The member is receiving highly emetogenic chemotherapy (HEC) or moderately emetogenic chemotherapy (MEC); and
- The member must be on concomitant corticosteroid (e.g., dexamethasone); and
- The member must be on a 5HT3 antagonist (e.g., ondansetron, dolasetron, palonosetron, or granisetron)

Billing Codes

Drug Name	HCPCS Code	Description
Cinvanti (injection)	J0185	Injection, aprepitant, 1mg
Aloxi (injection)	J2469	Inj., palonosetron, 25 mcg

Emend (injection)	J1453	Injection, Fosaprepitant, 1mg
Akynzeo (injection)	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Sustol (injection)	J1627	Injection, granisetron, extended-release, 0.1 mg
Varubi (injection)	J2797	Injection, rolapitant, 0.5mg

References

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Disclaimer

Consideration of medically necessary indications are based upon U.S. Food and Drug Administration (FDA) indications, recommended uses within the Centers of Medicare & Medicaid Services (CMS) five recognized compendia, including the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium (Category 1 or 2A recommendations), and peer-reviewed scientific literature eligible for coverage according to the CMS, Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 titled, “Off-Label Use of Anti-Cancer Drugs and Biologics.” This policy evaluates whether the drug therapy is proven to be effective based on published evidence-based medicine. OncoHealth reserves the right to request medical documentation as needed to validate medical necessity determinations.



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