

Generic Name: Netupitant/Palonosetron

Therapeutic Class or Brand Name: Akynzeo® capsules

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 5030990229

Preferred: N/A

Non-preferred: N/A

Date of Origin: 11/2/2014

Date Last Reviewed / Revised: 10/1/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy.
- II. Documentation that Akynzeo is being used in combination with dexamethasone.
- III. Must meet ONE of the following criteria A OR B:
 - A. Documented use of moderately- or highly-emetogenic antineoplastic agents (as defined in Appendix).
 - B. Documented trial and failure of, intolerance to, or contraindication to two preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron).
- IV. Minimum age requirement: 18 years old.

EXCLUSION CRITERIA

- Concomitant use in patients who are chronically using a strong CYP3A4 inducer such as rifampin.
- Patients with severe hepatic impairment.
- Patients with severe renal impairment or end-stage renal disease.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- One capsule per prescription.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

Emetic Risk Classification for IV Antineoplastic Agents^a

<p>High</p>	<p>AC combination defined as any chemotherapy regimen that contains an anthracycline and cyclophosphamide</p> <p>carboplatin AUC > 4</p> <p>carmustine (BiCNU) > 250 mg/m²</p> <p>cisplatin</p> <p>cyclophosphamide > 1,500 mg/m²</p> <p>dacarbazine</p> <p>doxorubicin ≥ 60 mg/m²</p> <p>epirubicin > 90 mg/m²</p> <p>ifosfamide ≥ 2 g/m²/dose</p> <p>mechlorethamine (Mustargen)</p> <p>streptozocin (Zanosar)</p>
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Moderate	<p>aldesleukin (Proleukin) > 12-15 million IU/m²</p> <p>amifostine > 300 mg/m²</p> <p>arsenic trioxide (Trisenox)</p> <p>azacitidine (Vidaza)</p> <p>bendamustine (Treanda)</p> <p>busulfan (Myleran)</p> <p>carboplatin AUC < 4^b</p> <p>carmustine (BiCNU) ≤ 250 mg/m²</p> <p>clofarabine (Clolar)</p> <p>cyclophosphamide ≤ 1,500 mg/m²</p> <p>cytarabine > 200 mg/m²</p> <p>dactinomycin^b</p> <p>daunorubicin^b</p>	<p>dinutuximab (Unituxin)</p> <p>doxorubicin^b < 60 mg/m²</p> <p>epirubicin^b ≤ 90 mg/m²</p> <p>idarubicin</p> <p>ifosfamide < 2 g/m²/dose^b</p> <p>interferon alfa ≥ 10 million IU/m²</p> <p>irinotecan^b</p> <p>melphalan</p> <p>methotrexate ≥ 250 mg/m²^b</p> <p>oxaliplatin^b</p> <p>temozolomide (Temodar)</p> <p>trabectedin^b (Yondelis)</p>
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<p>Low</p>	<p>ado-trastuzumab emtansine (Kadcyla)</p> <p>aldesleukin (Proleukin) ≤ 12 million IU/m²</p> <p>amifostine ≤ 300 mg/m²</p> <p>atezolizumab</p> <p>belinostat (Beleodaq)</p> <p>blinatumomab (Blincyto)</p> <p>brentuximab vedotin (Adcetris)</p> <p>cabazitaxel (Jevtana)</p> <p>carfilzomib (Kyprolis)</p> <p>cytarabine (low dose) 100-200 mg/m²</p> <p>docetaxel</p> <p>doxorubicin liposomal</p> <p>eribulin (Halaven)</p> <p>etoposide</p> <p>5-fluorouracil (5-FU)</p> <p>floxuridine</p> <p>gemcitabine</p> <p>interferon alfa >5 <10 million IU/m²</p>	<p>irinotecan liposomal (Onivyde)</p> <p>ixabepilone (Ixempra)</p> <p>methotrexate > 50 < 250 mg/m²</p> <p>mitomycin</p> <p>mitoxantrone</p> <p>necitumumab (Portrazza)</p> <p>omacetaxine (Synribo)</p> <p>paclitaxel</p> <p>paclitaxel-albumin bound (Abraxane)</p> <p>pemetrexed (Alimta)</p> <p>pentostatin</p> <p>pralatrexate (Folotyn)</p> <p>romidepsin (Istodax)</p> <p>talimogene laherparepvec (Imlygic)</p> <p>thiotepa</p> <p>topotecan</p> <p>ziv-aflibercept (Zaltrap)</p>
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Minimal	alemtuzumab (Campath, Lemtrada) asparaginase bevacizumab (Avastin) bleomycin bortezomib (Velcade) cetuximab (Erbix) cladribine (2-chlorodeoxyadenosine) cytarabine < 100 mg/m ² daratumumab (Darzalex) decitabine denileukin diftitox (Ontak) dexrazoxane elotuzumab (Empliciti) fludarabine interferon alpha ≤ 5 million IU/m ² ipilimumab (Yervoy) methotrexate ≤ 50 mg/m ² nelarabine (Arranon)	nivolumab (Opdivo) obinutuzumab (Gazyva) ofatumumab (Arzerra) panitumumab (Vectibix) pegaspargase (Oncaspar) peginterferon pembrolizumab (Keytruda) pertuzumab (Perjeta) ramucirumab (Cyramza) rituximab (Rituxan) siltuximab (Sylvant) temsirolimus (Torisel) trastuzumab (Herceptin) valrubicin (Valstar) vinblastine vincristine vincristine liposomal (Marqibo) vinorelbine
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^aList is not exhaustive. Medications not listed here will be evaluated with the most recent versions of ASCO and NCCN, as well as their prescribing information.

^bMay be highly emetogenic in certain patients.

REFERENCES

1. National Comprehensive Cancer Network (NCCN). Antiemesis. Version 2.2020. Updated April 23, 2020. Available at: http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf .
2. Hesketh P, et. al. Antiemetics: ASCO Guideline Update. J Clin Oncol. 2020 Aug 20;38(24):2782-2797. doi: 10.1200/JCO.20.01296. Epub 2020 Jul 13. Available at: <http://www.asco.org/quality-guidelines/antiemetics-asco-clinical-practice-guideline-update>.

3. Medi-Span®.
4. Akynzeo® [Package Insert]. Iselin, NJ: Helsinn Therapeutics; June 2020. Available at: https://www.akynzeo.com/assets/pdf/Prescribing_Information.pdf .

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.