

# MEDICATION COVERAGE POLICY

## PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY	Nausea	LAST REVIEW	9/11/2018
THERAPEUTIC CLASS	Gastrointestinal Disorders	REVIEW HISTORY (MONTH/YEAR)	12/16, 11/15, 11/07
LOB AFFECTED	Medi-Cal		

## OVERVIEW

Prescription and OTC antiemetic medications are used to relieve nausea and/or prevent or stop vomiting. Some medications have more evidence of providing benefit in specific patient populations, such as patients taking chemotherapy or undergoing a procedure that requires anesthesia. While there are many available agents to relieve the symptoms of nausea and vomiting, non-pharmacologic recommendations should be incorporated into every patient care plan.<sup>1,2,3</sup> The purpose of this coverage policy is to review the coverage criteria of HPSJ's formulary anti-nausea agents (*Table 1*).

**Table 1: Available Anti-Nausea Medications**

Generic (Brand)	Strength & Dosage form	Fml Limit	Cost per Rx	Notes
<b>5-HT3 Antagonists</b>				
Dolasetron (Anzemet)	Anzemet 50 mg tablet	PA; SP	\$86.47 per tablet	Reserved for treatment failure of Ondansetron and Granisetron Tablets
	Anzemet 100 mg tablet	PA; SP	\$114.61 per tablet	
Granisetron (Kytril, Sancuso)	Granisetron 1 mg tablet	PA	\$127.72	Reserved for patients with documented treatment failure of dose optimized Ondansetron therapy
	Sancuso 3.1 mg/24 hr transdermal patch	PA	\$2,034.49	Reserved for members with documented inability to take medications by mouth, including ODT formulations.
Ondansetron (Zofran)	Ondansetron 4 mg disintegrating tablet	QL	\$5.61	Limit 60 tablets per 30 days.
	Ondansetron 8 mg disintegrating tablet	QL	\$17.95	
	Ondansetron Hcl 4 mg tablet	QL	\$1.93	
	Ondansetron Hcl 8 mg tablet	QL	\$2.85	
	Ondansetron 4 mg/5 ml solution	NF	\$28.52	
	Ondansetron 40 mg/20 ml vial	NF	\$20.10	
Palonosetron (Aloxi)	Ondansetron HCL 4 mg/2 ml vial	NF	\$0.52	Reserved for use in patients receiving highly-emetogenic chemotherapy, with treatment failure of ondansetron, or documented inability to swallow.
	Aloxi 0.25 mg/5 ml intravenous solution	PA; SP	\$543.60 per dose	
<b>Neurokinin (NK)-1 Antagonist</b>				
Aprepitant (Emend)	Emend 40 mg capsule	PA; QL	\$474.92	Reserved for patients receiving highly emetogenic chemotherapy or for post-operative
	Emend 80 mg capsule	PA; QL	--	
	Emend 125 mg capsule	PA; QL	--	

	Emend 125 mg (1)-80 mg (2) capsules in a dose pack [Emend Trifold Pack]	PA; QL	\$324.56	nausea and vomiting with treatment failure of ondansetron. Limit 6 capsules per month.
<b>Antidopaminergics</b>				
Prochlorperazine (Compazine)	Compro 25 mg rectal suppository	-	\$137.27	
	Prochlorperazine 25 mg rectal suppository	-	\$94.56	
	Prochlorperazine Maleate 5 mg tablet	-	\$8.31	
	Prochlorperazine Maleate 10 mg tablet	-	\$8.95	
Promethazine (Phenergan, Phenadoz, Promethegan)	Phenadoz 12.5 mg rectal suppository	-	\$167.51	
	Phenadoz 25 mg rectal suppository	-	\$160.92	
	Promethazine 12.5 mg rectal suppository	-	\$103.56	
	Promethazine 25 mg rectal suppository	-	\$163.26	
	Promethegan 12.5 mg rectal suppository	-	\$126.85	
	Promethegan 25 mg rectal suppository	-	\$121.66	
	Promethegan 50 mg rectal suppository	-	\$229.06	
	Promethazine 25 mg/ml vial	NF	--	
Droperidol (Inapsine)	Droperidol 2.5 mg/ml vial	NF	--	
Metoclopramide (Reglan)	Metoclopramide 5 mg tablet	-	\$3.57	
	Metoclopramide 10 mg tablet	-	\$2.80	
	Metoclopramide 5 mg/5 ml solution	-	\$2.76	
<b>Anticholinergics</b>				
	Dramamine 25 mg chewable tablet	NF	\$0.50 per tablet	
Dimenhydrinate (Dramamine)	Dimenhydrinate 50 mg tablet	NF	\$0.032 per tablet <sup>s</sup>	Max dose per day is 400 mg (8 tablets). A 30-day supply would cost \$7.68 per fill.
	Dramamine 50 mg chewable tablet	NF	\$0.40 per tablet	
Dimenhydrinate/ pyridoxine (Diclegis DR)	Diclegis DR 10-10 mg tablet	NF	\$419.83	
Diphenhydramine (Benadryl)	Diphenhydramine 12.5 mg ODT	-	--	
	Diphenhydramine 25 mg capsule/ softgel	-	\$0.45	
	Diphenhydramine 25 mg tablet/ caplet/captab	-	\$0.50	
	Diphenhydramine 50 mg capsule/softgel/tablet	-	\$0.38	
	Diphenhydramine 12.5 mg/5 ml solution/elixir/syrup	-	\$1.20	
	Diphenhydramine 50 mg/ml injection solution	-	\$2.02	
Meclizine (Dramamine Less Drowsy, UniVert)	Meclizine 12.5 mg caplet	-	\$1.92	
	Meclizine 12.5 mg tablet	-	\$10.34	
	Meclizine 25 mg tablet	-	\$3.09	

	Meclizine 25 mg chewable tablet	-	\$0.63	
Scopolamine (Transderm Scop)	Scopolamine 1 mg/3 day patch		\$118.68	
	Transderm-Scop 1.5 mg/3 day	NF	\$18.19	
Trimethobenzamide (Tigan)	Trimethobenzamide 300 mg capsule	-	\$37.98	
<b>Cannabinoids</b>				
Dronabinol (Marinol)	Dronabinol 2.5 mg capsule	PA; QL	\$248.84	Restricted to patients with anorexia/weight loss due to AIDS or chemotherapy who have failed ondansetron, Emend and/or dexamethasone. Limit 60 capsules per 30 days.
	Dronabinol 5 mg capsule	PA; QL	\$584.69	
	Dronabinol 10 mg capsule	PA; QL	\$1,313.83	
Nabilone (Cesamet)	Cesamet 1 mg capsule	NF	\$564.60 per 12 caps	

PA = Prior Authorization; QL = Quantity Limit; NF = Non-formulary; SP = Specialty Pharmacy

## EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed & approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HPSJ Medical Review Guidelines (UM06).

### **5-HT3 Antagonists**

*Dolasetron (Anzemet), Granisetron (Kytril, Sancuso), Ondansetron (Zofran), Palonosetron (Aloxi)*

#### **Dolasetron (Anzemet)**

- Coverage Criteria:** Anzemet is reserved for treatment failure of Ondansetron and Granisetron Tablets.
- Limits:** None
- Required Information for Approval:** Prescription fill history showing trial of ondansetron and granisetron or chart notes documenting why the patient cannot use first-line 5-HT3 antagonists
- Other Notes:** Medication is to be dispensed by HPSJ's designated specialty pharmacy.

#### **Palonosetron (Aloxi)**

- Coverage Criteria:** Aloxi is reserved for use in patients receiving highly-emetogenic chemotherapy, with treatment failure of ondansetron, or documented inability to swallow.
- Limits:** None
- Required Information for Approval:** Chart notes documenting diagnosis and chemotherapy regimen, and prescription fill history showing trial of ondansetron
- Other Notes:** Medication is to be dispensed by HPSJ's designated specialty pharmacy.

#### **Ondansetron (Zofran)**

- Coverage Criteria:** None
- Limits:** 60 tablets per 30 days
- Required Information for Approval:** N/A
- Other Notes:** None

### **Granisetron tablets**

- Coverage Criteria:** Granisetron tablets are reserved for patients with documented treatment failure of dose optimized Ondansetron therapy.
- Limits:** N/A
- Required Information for Approval:** Prescription fill history showing trial of dose-optimized ondansetron.
- Other Notes:** None

### **Granisetron (Sancuso) patches**

- Coverage Criteria:** Granisetron patches are reserved for members with documented inability to take medications by mouth, including ODT formulations.
- Limits:** N/A
- Required Information for Approval:** Chart notes documenting medical condition precluding the use of regular or ODT tablets.
- Other Notes:** None

### **Neurokinin (NK)-1 Antagonist**

#### *Aprepitant (Emend)*

- Coverage Criteria:** Emend is reserved for patients receiving highly emetogenic chemotherapy or for post-operative nausea and vomiting with treatment failure of ondansetron.
- Limits:** 6 capsules per month
- Required Information for Approval:** For prevention of post-operative nausea and vomiting (PONV), drug refill history showing fills of ondansetron. For chemotherapy-induced nausea and vomiting (CINV), clinic notes documenting chemotherapy regimen and schedule.
- Other Notes:** None

### **Antidopaminergics**

#### *Prochlorperazine (Compazine), Promethazine (Phenergan, Phenadoz, Promethegan), Metoclopramide (Reglan)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

### **Anticholinergics**

#### *Dimenhydrinate (Dramamine), Diphenhydramine (Benadryl), Meclizine (Antivert, Dramamine Less Drowsy, UniVert), Trimethobenzamide (Tigan)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

### **Cannabinoids**

#### *Dronabinol (Marinol)*

- Coverage Criteria:** Restricted to patients with anorexia/weight loss due to AIDS or chemotherapy who have failed ondansetron, Emend and/or dexamethasone.
- Limits:** 60 capsules per 30 days
- Required Information for Approval:** For anorexia/weight loss due to AIDS, clinic notes documenting diagnosis of HIV-associated cachexia. For chemotherapy, drug refill history showing fills of ondansetron, dexamethasone, and aprepitant.
- Other Notes:** None

## **☒ REFERENCES**

1. Antiemesis (Version 2.2015). National Comprehensive Cancer Network Web Site. [http://www.nccn.org/professionals/physician\\_gls/pdf/antiemesis.pdf](http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf). Accessed November 7, 2015.
2. Gan TJ, Diemunsch P, Habib AS et al. Consensus Guidelines for the Management of Postoperative Nausea and Vomiting. *Anesth Analg*. 2014;118:85–113.
3. Nausea and vomiting of pregnancy. Practice Bulletin No. 153. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2015;126:e12–24.
4. American Society of Clinical Oncology (ASCO) Guidelines (2011): Antiemetics Clinical Practice Guidelines Update
5. National Comprehensive Cancer Network (NCCN) Guidelines (2009): Antiemesis

## **☒ REVIEW & EDIT HISTORY**

<b>Document Changes</b>	<b>Reference</b>	<b>Date</b>	<b>P&amp;T Chairman</b>
Creation of Policy	Antiemetics Class Review_JHP 11 08 07	11/2007	Allen Shek, PharmD
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders - Nausea 2015-11.docx	11/2015	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders - Nausea 2016-12.docx	12/2016	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders - Nausea 2018-09.docx	09/2018	Johnathan Yeh, PharmD

*Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy*