

MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE



POLICY	Nausea	LAST REVIEW	9/10/2024
THERAPEUTIC CLASS	Gastrointestinal Disorders	REVIEW HISTORY (MONTH/YEAR)	9/23, 12/22, 9/21, 9/20, 9/19, 9/18, 12/16, 11/15, 11/07
LOB AFFECTED	Medi-Cal		

Effective 1/1/2022, the Pharmacy Benefit is regulated by Medi-Cal Rx. Please visit <https://medi-calrx.dhcs.ca.gov/home/> for portal access, formulary details, pharmacy network information, and updates to the pharmacy benefit. All medical claims require that an NDC is also submitted with the claim. If a physician administered medication has a specific assigned CPT code, that code must be billed with the correlating NDC. If there is not a specific CPT code available for a physician administered medication, the use of unclassified CPT codes is appropriate when billed with the correlating NDC.

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.^{1,2,3} The purpose of this coverage policy is to review the available anti-nausea agents (*Table 1*) and distinguish where the medications may be billed to. For agents listed for coverage under the medical benefit, this coverage is specific to outpatient coverage only (excludes emergency room and inpatient coverage).

Table 1: Available Anti-Nausea Medications

CPT Code	Generic (Brand)	Available Strengths	Pharmacy Benefit	Outpatient Medical Benefit (Restrictions)
5-HT3 Antagonists				
S0174	Dolasetron (Anzemet)	50 mg tablet	Yes	No
Q0180		100 mg tablet		
J1626, J1627, Q0166	Granisetron (Kytrel, Sancuso)	1 mg tablet 3.1 mg/24 hr transdermal patch	Yes	Yes (PA for Q0166 when used for any indication unrelated to cancer)
S0119	Ondansetron (Zofran)	4 mg disintegrating tablet	Yes	No
		8 mg disintegrating tablet		
		4 mg tablet		
		8 mg tablet		
		4 mg/5 ml solution		
J2405		40 mg/20 ml vial 2 mg/1 ml vial		Yes
J2469	Palonosetron (Aloxi)	0.25 mg/5 ml intravenous solution	Yes	Yes
Neurokinin (NK)-1 Antagonist				
J8501	Aprepitant (Emend)	40 mg capsule	Yes	No
		80 mg capsule		
		125 mg capsule		
		125 mg (1)-80 mg (2) capsules in a dose pack [Emend Trifold Pack]		

J0185		130 mg/18 mL IV Emulsion	Yes	Yes (PA when used for any indication unrelated to cancer)
Combination Anti-Emetic Agents				
J1454	Fosnetupitant/Palonosetron (Akynzeo)	235-0.25 mg/20 mL vial	Yes	Yes (PA when used for any indication unrelated to cancer)
J8655	Netupitant/Palonosetron (Akynzeo)	300 mg/0.5 mg capsule	Yes	Yes (PA when used for any indication unrelated to cancer)
Antidopaminergics				
--	Prochlorperazine (Compazine)	25 mg rectal suppository	Yes	No
Q0164		5 mg tablet		Yes
		10 mg tablet		
J0780		10 mg/2 mL vial		Yes
--	Promethazine (Phenergan, Phenadoz, Promethegan)	12.5 mg rectal suppository	Yes	No
--		25 mg rectal suppository		
Q0169		5 mg tablet		Yes
		10 mg tablet		
J2550		25 mg/mL vial		Yes
J1790	Droperidol (Inapsine)	2.5 mg/mL vial	Yes	Yes
--	Metoclopramide (Reglan)	5 mg tablet	Yes	
--		10 mg tablet		No
--		5 mg/5 mL solution		
J2765		5 mg/mL (2mL) vial		Yes
Anticholinergics				
--	Dimenhydrinate (Dramamine)	50 mg tablet	Yes	No
J1240		50 mg/mL vial	Yes	Yes
--	Dimenhydrinate/pyridoxine (Diclegis DR)	DR 10-10 mg tablet	Yes	No
Q0163	Diphenhydramine (Benadryl)	12.5 mg ODT	Yes	
		25 mg capsule/ softgel		
		25 mg tablet/ caplet/captab		
		50 mg capsule/softgel/tablet		No
		12.5 mg/5 mL solution/elixir/syrup		
J1200		50 mg/mL injection solution		Yes
--	Meclizine (Dramamine Less Drowsy, UniVert)	12.5 mg caplet	Yes	
		12.5 mg tablet		No
		25 mg tablet		
		25 mg chewable tablet		
--	Scopolamine (Transderm Scop)	1 mg/3 day patch	Yes	No
		1.5 mg/3 day		
Q0173	Trimethobenzamide (Tigan)	300 mg capsule	Yes	Yes
Cannabinoids				
Q0167	Dronabinol (Marinol)	2.5 mg capsule	Yes	No
		5 mg capsule		

		10 mg capsule		
J8650	Nabilone (Cesamet)	1 mg capsule	Yes	Yes (PA for non-chemotherapy indications)

PA = Prior Authorization

EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for agents with medical benefit restrictions. These coverage criteria have been reviewed and approved by the Health Plan of San Joaquin/Mountain Valley Health Plan (Health Plan) Pharmacy & Therapeutics (P&T) Advisory Committee. For agents that do not have established prior authorization criteria, Health Plan will make the determination based on Medical Necessity criteria as described in Health Plan Medical Review Guidelines (UM06).

Cannabinoids

Nabilone (Cesamet)

- ☐ **Coverage Criteria:**
 - For use with chemotherapy regimens, no PA required.
 - For any other indications, PA is required.
- ☐ **Limits:** None
- ☐ **Required Information for Approval:** Provider must bill the claim along with the chemotherapy regimen and cancer diagnosis codes. For indications not related to cancer, clinical documentation supporting the use of nabilone must be submitted for prior authorization review.

5-HT3 Antagonists

Granisetron (Kytril – Q0166)

- ☐ **Coverage Criteria:**
 - For use with chemotherapy regimens, no PA required.
 - For any other indications, PA is required.
- ☐ **Limits:** None
- ☐ **Required Information for Approval:** Provider must bill the claim along with the chemotherapy regimen and cancer diagnosis codes. For indications not related to cancer, clinical documentation supporting the use of granisetron must be submitted for prior authorization review.

Neurokinin (NK)-1 Antagonist

Aprepitant (Emend – J0185)

- **Coverage Criteria:**
 - For use with chemotherapy regimens, no PA required.
 - For any other indications, PA is required.
- **Limits:** None
- **Required Information for Approval:** Provider must bill the claim along with the chemotherapy regimen and cancer diagnosis codes. For indications not related to cancer, clinical documentation supporting the use of aprepitant must be submitted for prior authorization review.

Combination Anti-Emetic Agents

Fosnetupitant/Palonosetron (Akynzeo)

- **Coverage Criteria:**
 - For use with chemotherapy regimens, no PA required.
 - For any other indications, PA is required.
- **Limits:** None
- **Required Information for Approval:** Provider must bill the claim along with the chemotherapy regimen and cancer diagnosis codes. For indications not related to cancer, clinical documentation supporting the use of Akynzeo must be submitted for prior authorization review.

Netupitant/Palonosetron (Akynzeo)

- **Coverage Criteria:**
 - For use with chemotherapy regimens, no PA required.

- For any other indications, PA is required.
- **Limits:** None
- **Required Information for Approval:** Provider must bill the claim along with the chemotherapy regimen and cancer diagnosis codes. For indications not related to cancer, clinical documentation supporting the use of Akynzeo must be submitted for prior authorization review.

REFERENCES

1. Antiemesis (Version 2.2020). National Comprehensive Cancer Network Web Site. https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed August 18, 2020.
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 (2020): Antiemetics Clinical Practice Guidelines Update.
5. Barhemsys (amisulpride) [package insert]. Indianapolis, IN: Acacia Pharma Inc.; 2020.

REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
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
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders – Nausea 2019-09.docx	09/2019	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders – Nausea 2020-09.docx	09/2020	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy Gastrointestinal Disorders – Nausea 2021-09.docx	09/2021	Matthew Garrett, PharmD
Update to Policy	Nausea	12/2022	Matthew Garrett, PharmD
Review of Policy	Nausea	09/2023	Matthew Garrett, PharmD
Review of Policy	Nausea	09/2024	Matthew Garrett, PharmD

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