



## MEDICATION POLICY

**Generic Name:** Netupitant/Palonosetron

**Therapeutic Class or Brand Name:** Akynzeo®

**Applicable Drugs (if Therapeutic Class):** N/A

**Date of Origin:** 11/21/14

**Date Last Reviewed/Revised:** 12/12/17

**GPI Code:** 5030990229

### **Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):**

- I. Documented diagnosis of prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy.
- II. 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).
- III. Minimum age requirement: 18 years old.

### **Exclusion Criteria:**

- Concomitant use in members who are chronically using a strong CYP3A4 inducer such as rifampin.

### **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.

---

*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 judgment in providing the most appropriate care for their patients.*

## MEDICATION POLICY

**Appendix:**
**Emetic Risk Classification for IV Antineoplastic Agents<sup>a</sup>**

<b>High</b>	AC combination defined as any chemotherapy regimen that contains an anthracycline and cyclophosphamide carboplatin AUC > 4 carmustine (BiCNU) > 250 mg/m <sup>2</sup> cisplatin cyclophosphamide > 1,500 mg/m <sup>2</sup> dacarbazine doxorubicin ≥ 60 mg/m <sup>2</sup> epirubicin > 90 mg/m <sup>2</sup> ifosfamide ≥ 2 g/m <sup>2</sup> /dose mechlorethamine (Mustargen) streptozocin (Zanosar)	
<b>Moderate</b>	aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup> amifostine > 300 mg/m <sup>2</sup> arsenic trioxide (Trisenox) azacitidine (Vidaza) bendamustine (Treanda) busulfan (Myleran) carboplatin AUC < 4 <sup>b</sup> carmustine (BiCNU) ≤ 250 mg/m <sup>2</sup> clofarabine (Clolar) cyclophosphamide ≤ 1,500 mg/m <sup>2</sup> cytarabine > 200 mg/m <sup>2</sup> dactinomycin <sup>b</sup> daunorubicin <sup>b</sup>	dinutuximab (Unituxin) doxorubicin <sup>b</sup> < 60 mg/m <sup>2</sup> epirubicin <sup>b</sup> ≤ 90 mg/m <sup>2</sup> idarubicin ifosfamide < 2 g/m <sup>2</sup> /dose <sup>b</sup> interferon alfa ≥ 10 million IU/m <sup>2</sup> irinotecan <sup>b</sup> melphalan methotrexate ≥ 250 mg/m <sup>2</sup> <sup>b</sup> oxaliplatin <sup>b</sup> temozolomide (Temodar) trabectedin <sup>b</sup> (Yondelis)

*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 judgment in providing the most appropriate care for their patients.*

## MEDICATION POLICY

### Emetic Risk Classification for IV Antineoplastic Agents <sup>a</sup>

<b>Low</b>	ado-trastuzumab emtansine (Kadcyla) aldesleukin (Proleukin) $\leq$ 12 million IU/m <sup>2</sup> amifostine $\leq$ 300 mg/m <sup>2</sup> atezolizumab belinostat (Beleodaq) blinatumomab (Blinicyto) brentuximab vedotin (Adcetris) cabazitaxel (Jevtana) carfilzomib (Kyprolis) cytarabine (low dose) 100-200 mg/m <sup>2</sup> docetaxel doxorubicin liposomal eribulin (Halaven) etoposide 5-fluorouracil (5-FU) floxuridine gemcitabine interferon alfa $>5 <10$ million IU/m <sup>2</sup>	irinotecan liposomal (Onivyde) ixabepilone (Ixempra) methotrexate $> 50 < 250$ mg/m <sup>2</sup> mitomycin mitoxantrone necitumumab (Portrazza) omacetaxine (Synribo) paclitaxel paclitaxel-albumin bound (Abraxane) pemetrexed (Alimta) pentostatin pralatrexate (Folotyn) romidepsin (Istodax) talimogene laherparepvec (Imlygic) thiotepa topotecan ziv-aflibercept (Zaltrap)
<b>Minimal</b>	alemtuzumab (Campath, Lemtrada) asparaginase bevacizumab (Avastin) bleomycin bortezomib (Velcade) cetuximab (Erbix) cladribine (2-chlorodeoxyadenosine) cytarabine $< 100$ mg/m <sup>2</sup> daratumumab (Darzalex) decitabine denileukin diftitox (Ontak) dexrazoxane elotuzumab (Empliciti) fludarabine interferon alpha $\leq 5$ million IU/m <sup>2</sup> ipilimumab (Yervoy) methotrexate $\leq 50$ mg/m <sup>2</sup> 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

<sup>a</sup> List 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.

<sup>b</sup> May be highly emetogenic in certain patients.

#### References:

1. [http://www.nccn.org/professionals/physician\\_gls/pdf/antiemesis.pdf](http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf).
2. <http://www.asco.org/quality-guidelines/antiemetics-asco-clinical-practice-guideline-update>.

*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 judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

3. <https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/PHARMACY/PHARMACY/MRFS/AKYNZEO%20GLS%20100117.PDF>.
4. <http://blue.regence.com/trgmedpol/drugs/dru378.pdf>.
5. <http://blue.regence.com/trgmedpol/drugs/dru315.pdf>.
6. [Medi-Span](#).
7. [https://www.akynzeo.com/assets/pdf/Prescribing\\_Information.pdf](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 judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

<b>Historical Tracking Of Changes Made To Policy</b>										
12/12/2017	<p>1. <b>Changed</b> “High: AC: cyclophosphamide + anthracycline (doxorubicin, epirubicin)” to High: AC combination defined as any chemotherapy regimen that contains an anthracycline and cyclophosphamide”, “Moderate: carboplatin<sup>b</sup>” to “Moderate: carboplatin AUC &lt; 4<sup>b</sup>”, “Moderate: doxorubicin &lt; 60 mg/m<sup>2</sup>” to “Moderate: doxorubicin<sup>b</sup> &lt; 60 mg/m<sup>2</sup>”, “Moderate: epirubicin ≤ 90 mg/m<sup>2</sup>” to “Moderate: epirubicin<sup>b</sup> ≤ 90 mg/m<sup>2</sup>”, “Moderate: oxaliplatin” to “Moderate: oxaliplatin<sup>b</sup>”, “Moderate: temozolomide IV” to “Moderate: temozolomide”, “Moderate: trabectedin” to “Moderate: trabectedin<sup>b</sup>”, “Low: cytarabine 100-200 mg/m<sup>2</sup>” to “Low: cytarabine (low dose) 100-200 mg/m<sup>2</sup>”, and “<sup>b</sup> May be designated at a higher emetic risk if at a higher dose or used in certain combinations (i.e. with cyclophosphamide)” to “<sup>b</sup> May be highly emetogenic in certain patients” <b>on table under Appendix.</b></p> <p>2. <b>Added</b> “High: carboplatin AUC ≥ 4” and “Low: atezolizumab” <b>on table under Appendix.</b></p> <p>3. <b>Updated</b>  <a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/ANTIEMETICS_EFF_111115.PDF">“https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/ANTIEMETICS_EFF_111115.PDF”</a> to  <a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/PHARMACY/PHARMACY/MRFS/AKYNZEO%20GLS%20100117.PDF">“https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/PHARMACY/PHARMACY/MRFS/AKYNZEO%20GLS%20100117.PDF”</a> <b>under References.</b></p>									
9/29/2016	<p>1. <b>Added the following to the table under Appendix:</b>  <b>Emetic Risk Classification for IV Antineoplastic Agents<sup>a</sup></b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tbody> <tr> <td style="width: 15%; text-align: center;"><b>Moderate</b></td> <td>dinutuximab (Unituxin)</td> <td>trabectedin (Yondelis)</td> </tr> <tr> <td style="text-align: center;"><b>Low</b></td> <td>irinotecan liposomal (Onivyde) necitumumab (Portrazza)</td> <td>talimogene laherparepvec (Imlygic)</td> </tr> <tr> <td style="text-align: center;"><b>Minimal</b></td> <td>daratumumab (Darzalex)</td> <td>elotuzumab (Empliciti)</td> </tr> </tbody> </table> <p>2. <b>Updated</b>  <a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/MEDICAL_REVIEW%20CRITERIA_ALOXI-EMEND_EFF102214_V2.PDF">“https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/MEDICAL_REVIEW%20CRITERIA_ALOXI-EMEND_EFF102214_V2.PDF”</a> to  <a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/ANTIEMETICS_EFF_111115.PDF">“https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/MEDMGMT/MEDICAL_REVIEW_CRITERIA/ANTIEMETICS_EFF_111115.PDF”</a> <b>and</b>  <a href="http://www.akynzeo.com/media/Prescribing_Information.pdf">“http://www.akynzeo.com/media/Prescribing_Information.pdf”</a> to  <a href="https://www.akynzeo.com/assets/pdf/Prescribing_Information.pdf">“https://www.akynzeo.com/assets/pdf/Prescribing_Information.pdf”</a> <b>under References.</b></p>	<b>Moderate</b>	dinutuximab (Unituxin)	trabectedin (Yondelis)	<b>Low</b>	irinotecan liposomal (Onivyde) necitumumab (Portrazza)	talimogene laherparepvec (Imlygic)	<b>Minimal</b>	daratumumab (Darzalex)	elotuzumab (Empliciti)
<b>Moderate</b>	dinutuximab (Unituxin)	trabectedin (Yondelis)								
<b>Low</b>	irinotecan liposomal (Onivyde) necitumumab (Portrazza)	talimogene laherparepvec (Imlygic)								
<b>Minimal</b>	daratumumab (Darzalex)	elotuzumab (Empliciti)								
4/11/2015	<p>1. <b>Changed</b> "II. Must meet ONE of the following criteria A OR B: A. Documented use of highly-emetogenic chemotherapy (as defined in Appendix); B. Documented trial and failure of, intolerance to, or contraindication to ALL preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron)" to "II. 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)" <b>under Prior Authorization Criteria.</b></p> <p>2. <b>Changed table under Appendix from:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;"><b>Emetic Risk Classification for IV Chemotherapy<sup>a</sup></b></th> </tr> </thead> <tbody> <tr> <td style="width: 15%; text-align: center; vertical-align: top; padding: 5px;"><b>High</b></td> <td style="padding: 5px;">AC: cyclophosphamide + anthracycline (daunorubicin, doxorubicin, epirubicin, idarubicin) carmustine cisplatin cyclophosphamide &gt;1,500 mg/m<sup>2</sup> dacarbazine (DTIC) dactinomycin doxorubicin &gt; 60 mg/m<sup>2</sup> epirubicin &gt;90 mg/m<sup>2</sup> ifosfamide ≥ 2gm/m<sup>2</sup>/dose mechlorethamine</td> </tr> </tbody> </table>	<b>Emetic Risk Classification for IV Chemotherapy<sup>a</sup></b>		<b>High</b>	AC: cyclophosphamide + anthracycline (daunorubicin, doxorubicin, epirubicin, idarubicin) carmustine cisplatin cyclophosphamide >1,500 mg/m <sup>2</sup> dacarbazine (DTIC) dactinomycin doxorubicin > 60 mg/m <sup>2</sup> epirubicin >90 mg/m <sup>2</sup> ifosfamide ≥ 2gm/m <sup>2</sup> /dose mechlorethamine					
<b>Emetic Risk Classification for IV Chemotherapy<sup>a</sup></b>										
<b>High</b>	AC: cyclophosphamide + anthracycline (daunorubicin, doxorubicin, epirubicin, idarubicin) carmustine cisplatin cyclophosphamide >1,500 mg/m <sup>2</sup> dacarbazine (DTIC) dactinomycin doxorubicin > 60 mg/m <sup>2</sup> epirubicin >90 mg/m <sup>2</sup> ifosfamide ≥ 2gm/m <sup>2</sup> /dose mechlorethamine									

*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 judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

<b>Historical Tracking Of Changes Made To Policy</b>		
	<b>Moderate</b>	aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup> alemtuzumab (Campath) amifostine >300 mg/m <sup>2</sup> arsenic trioxide azacitidine (Vidaza) bendamustine (Treanda) busulfan carboplatin <sup>b</sup> clofarabine (Clolar) cyclophosphamide (Cytoxan) ≤ 1,500 mg/m <sup>2</sup> <sup>b</sup> cytarabine > 200 mg/m <sup>2</sup>
	<b>Low</b>	Daunorubicin <sup>b</sup> doxorubicin ≤60 mg/m <sup>2</sup> <sup>b</sup> epirubicin ≤ 90 mg/ m <sup>2</sup> <sup>b</sup> idarubicin <sup>b</sup> ifosfamide < 2gm/m <sup>2</sup> <sup>b</sup> interferon alfa ≥ 10 million IU/m <sup>2</sup> irinotecan melphalan methotrexate ≥250 mg/ m <sup>2</sup> oxaliplatin (Eloxatin) temozolomide IV (Temodar)
	<b>Minimal</b>	amifostine ≤ 300 mg aldesleukin (Proleukin) ≤ 12 million IU/m <sup>2</sup> <sup>b</sup> bortezomib (Velcade) brentuximab (Adcetris) cabazitaxel (Jevtana) cytarabine 100-200 mg/m <sup>2</sup> <sup>b</sup> docetaxel (Taxotere) doxorubicin liposomal (Doxil) eribulin (Halaven) etoposide (VP-16) 5-fluorouracil (5-FU) floxuridine gemcitabine (Gemzar) interferon alfa 5-10 million IU/m <sup>2</sup> <sup>b</sup> ixabepilone (Ixempra)
		fludarabine (Fludara) rituximab (Rituxan) vinblastine vincristine vinorelbine
Adapted from NCCN and ASCO Guidelines. <sup>a</sup> List 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. <sup>b</sup> May be designated at a higher emetic risk if at a higher dose or used in certain combinations (i.e. with cyclophosphamide). <b>to:</b> <b>Emetic Risk Classification for IV Antineoplastic Agents <sup>a</sup></b>		
	<b>High</b>	AC: cyclophosphamide + anthracycline (doxorubicin, epirubicin) carmustine (BiCNU) > 250 mg/m <sup>2</sup> cisplatin cyclophosphamide > 1,500 mg/m <sup>2</sup> dacarbazine doxorubicin ≥ 60 mg/m <sup>2</sup> epirubicin > 90 mg/m <sup>2</sup> ifosfamide ≥ 2 g/m <sup>2</sup> /dose mechlorethamine (Mustargen) streptozocin (Zanosar)

*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 judgment in providing the most appropriate care for their patients.*



## MEDICATION POLICY

<i>Historical Tracking Of Changes Made To Policy</i>		
	<b>Moderate</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>aldesleukin (Proleukin) &gt; 12-15 million IU/m<sup>2</sup></li> <li>amifostine &gt; 300 mg/m<sup>2</sup></li> <li>arsenic trioxide (Trisenox)</li> <li>azacitidine (Vidaza)</li> <li>bendamustine (Treanda)</li> <li>busulfan (Myleran)</li> <li>carboplatin<sup>b</sup></li> <li>carmustine (BiCNU) ≤ 250 mg/m<sup>2</sup></li> <li>clofarabine (Clolar)</li> <li>cyclophosphamide ≤ 1,500 mg/m<sup>2</sup></li> <li>cytarabine &gt; 200 mg/m<sup>2</sup></li> <li>dactinomycin<sup>b</sup></li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>daunorubicin<sup>b</sup></li> <li>doxorubicin &lt; 60 mg/m<sup>2</sup></li> <li>epirubicin ≤ 90 mg/m<sup>2</sup></li> <li>idarubicin</li> <li>ifosfamide &lt; 2 g/m<sup>2</sup>/dose<sup>b</sup></li> <li>interferon alfa ≥ 10 million IU/m<sup>2</sup></li> <li>irinotecan<sup>b</sup></li> <li>melphalan</li> <li>methotrexate ≥ 250 mg/m<sup>2</sup><sup>b</sup></li> <li>oxaliplatin</li> <li>temozolomide IV (Temodar)</li> </ul> </div> </div>
	<b>Low</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>ado-trastuzumab emtansine (Kadcyla)</li> <li>amifostine ≤ 300 mg/m<sup>2</sup></li> <li>aldesleukin (Proleukin) ≤ 12 million IU/m<sup>2</sup></li> <li>belinostat (Beleodaq)</li> <li>blinatumomab (Blinicyto)</li> <li>brentuximab vedotin (Adcetris)</li> <li>cabazitaxel (Jevtana)</li> <li>carfilzomib (Kyprolis)</li> <li>cytarabine 100-200 mg/m<sup>2</sup></li> <li>docetaxel</li> <li>doxorubicin liposomal</li> <li>eribulin (Halaven)</li> <li>etoposide</li> <li>5-fluorouracil (5-FU)</li> <li>floxuridine</li> <li>gemcitabine</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>interferon alfa &gt;5 &lt;10 million IU/m<sup>2</sup></li> <li>ixabepilone (Ixempra)</li> <li>methotrexate &gt; 50 &lt; 250 mg/m<sup>2</sup></li> <li>mitomycin</li> <li>mitoxantrone</li> <li>omacetaxine (Synribo)</li> <li>paclitaxel</li> <li>paclitaxel-albumin bound (Abraxane)</li> <li>pemetrexed (Alimta)</li> <li>pentostatin</li> <li>pralatrexate (Folotyn)</li> <li>romidepsin (Istodax)</li> <li>thiotepa</li> <li>topotecan</li> <li>ziv-aflibercept (Zaltrap)</li> </ul> </div> </div>
	<b>Minimal</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>alemtuzumab (Campath, Lemtrada)</li> <li>asparaginase</li> <li>bevacizumab (Avastin)</li> <li>bleomycin</li> <li>bortezomib (Velcade)</li> <li>cetuximab (Erbix)</li> <li>cladribine (2-chlorodeoxyadenosine)</li> <li>cytarabine &lt; 100 mg/m<sup>2</sup></li> <li>decitabine</li> <li>denileukin diftitox (Ontak)</li> <li>dexrazoxane</li> <li>fludarabine</li> <li>interferon alpha ≤ 5 million IU/m<sup>2</sup></li> <li>ipilimumab (Yervoy)</li> <li>methotrexate ≤ 50 mg/m<sup>2</sup></li> <li>nelarabine (Arranon)</li> <li>nivolumab (Opdivo)</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>obinutuzumab (Gazyva)</li> <li>ofatumumab (Arzerra)</li> <li>panitumumab (Vectibix)</li> <li>pegaspargase (Oncaspar)</li> <li>peginterferon</li> <li>pembrolizumab (Keytruda)</li> <li>pertuzumab (Perjeta)</li> <li>ramucirumab (Cyramza)</li> <li>rituximab (Rituxan)</li> <li>siltuximab (Sylvant)</li> <li>temsirolimus (Torisel)</li> <li>trastuzumab (Herceptin)</li> <li>valrubicin (Valstar)</li> <li>vinblastine</li> <li>vincristine</li> <li>vincristine liposomal (Marqibo)</li> <li>vinorelbine</li> </ul> </div> </div>
<p><sup>a</sup>List 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.</p>		

*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 judgment in providing the most appropriate care for their patients.*



<b>MEDICATION POLICY</b>
--------------------------

<b><i>Historical Tracking Of Changes Made To Policy</i></b>	
	<sup>b</sup> May be designated at a higher emetic risk if at a higher dose or used in certain combinations (i.e. with cyclophosphamide). 3. <b>Added</b> " <a href="http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf">http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf</a> " <b>and</b> " <a href="http://blue.regence.com/trgmedpol/drugs/dru378.pdf">http://blue.regence.com/trgmedpol/drugs/dru378.pdf</a> " <b>under References.</b>

---

*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 judgment in providing the most appropriate care for their patients.*