



## MEDICATION POLICY

**Generic Name:** Aprepitant, Fosaprepitant

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

**Applicable Drugs** (if Therapeutic Class):

Preferred: Aprepitant capsules (generic)

Non-Preferred: Emend® capsules, Emend® injection, Emend® oral suspension

**Date of Origin:** 2/1/13

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

**GPI Code:** 5028002000, 5028003510

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

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
  - A. Prevention of chemotherapy induced nausea and vomiting (CINV) associated with moderately- or highly-emetogenic antineoplastic agents (as defined in Appendix) and criterion 1 is met:
    1. Minimum age requirement: 6 months old.
  - B. Prevention of postoperative nausea and vomiting (PONV) AND criteria 1 and 2 are met:
    1. Documented trial and failure of, intolerance to, or contraindication to two preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron).
    2. Minimum age requirement: 18 years old.
- II. Non-preferred products (i.e. Emend® capsules, Emend® injection, Emend® oral suspension) require a documented clinical reason containing details as to why generic entecavir is not appropriate or is contraindicated.

### **Exclusion Criteria:**

- Emend® should not be used concurrently with pimozone, terfenadine, astemizole, or cisapride, since inhibition of CYP3A4 by aprepitant could result in elevated plasma concentrations of these drugs, potentially causing serious or life-threatening reactions.

### **Other Criteria:**

- N/A

---

*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

## Quantity/Days Supply Restrictions:

- **Capsules:**
  - CINV: Up to three capsules (i.e. one 125mg capsule plus two 80mg capsules) per prescription.
  - PONV: One 40mg capsule per prescription.
- Injection: 1 vial per prescription.
- Suspension: Up to three suspension pouches per prescription.

## Approval Length:

- **Authorization:**
  - CINV: 6 months.
  - PONV: One dose.
- **Re-Authorization:**
  - CINV: An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective.
  - PONV: N/A

## 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<br>carboplatin AUC > 4<br>carmustine (BiCNU) > 250 mg/m <sup>2</sup><br>cisplatin<br>cyclophosphamide > 1,500 mg/m <sup>2</sup><br>dacarbazine<br>doxorubicin ≥ 60 mg/m <sup>2</sup><br>epirubicin > 90 mg/m <sup>2</sup><br>ifosfamide ≥ 2 g/m <sup>2</sup> /dose<br>mechlorethamine (Mustargen)<br>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

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

|                 |   |   |
|-----------------|---|---|
| <b>Moderate</b> | aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup><br>amifostine > 300 mg/m <sup>2</sup><br>arsenic trioxide (Trisenox)<br>azacitidine (Vidaza)<br>bendamustine (Treanda)<br>busulfan (Myleran)<br>carboplatin AUC < 4 <sup>b</sup><br>carmustine (BiCNU) ≤ 250 mg/m <sup>2</sup><br>clofarabine (Clolar)<br>cyclophosphamide ≤ 1,500 mg/m <sup>2</sup><br>cytarabine > 200 mg/m <sup>2</sup><br>dactinomycin <sup>b</sup><br>daunorubicin <sup>b</sup>  | dinutuximab (Unituxin)<br>doxorubicin <sup>b</sup> < 60 mg/m <sup>2</sup><br>epirubicin <sup>b</sup> ≤ 90 mg/m <sup>2</sup><br>idarubicin<br>ifosfamide < 2 g/m <sup>2</sup> /dose <sup>b</sup><br>interferon alfa ≥ 10 million IU/m <sup>2</sup><br>irinotecan <sup>b</sup><br>melphalan<br>methotrexate ≥ 250 mg/m <sup>2</sup> <sup>b</sup><br>oxaliplatin <sup>b</sup><br>temozolomide (Temodar)<br>trabectedin <sup>b</sup> (Yondelis) |
| <b>Low</b>      | ado-trastuzumab emtansine (Kadcyla)<br>aldesleukin (Proleukin) ≤ 12 million IU/m <sup>2</sup><br>amifostine ≤ 300 mg/m <sup>2</sup><br>atezolizumab<br>belinostat (Beleodaq)<br>blinatumomab (Blincyto)<br>brentuximab vedotin (Adcetris)<br>cabazitaxel (Jevtana)<br>carfilzomib (Kyprolis)<br>cytarabine (low dose) 100-200 mg/m <sup>2</sup><br>docetaxel<br>doxorubicin liposomal<br>eribulin (Halaven)<br>etoposide<br>5-fluorouracil (5-FU)<br>floxuridine<br>gemcitabine<br>interferon alfa >5 <10 million IU/m <sup>2</sup> | irinotecan liposomal (Onivyde)<br>ixabepilone (Ixempra)<br>methotrexate > 50 < 250 mg/m <sup>2</sup><br>mitomycin<br>mitoxantrone<br>necitumumab (Portrazza)<br>omacetaxine (Synribo)<br>paclitaxel<br>paclitaxel-albumin bound (Abraxane)<br>pemetrexed (Alimta)<br>pentostatin<br>pralatrexate (Folotyn)<br>romidepsin (Istodax)<br>talimogene laherparepvec (Imlygic)<br>thiotepa<br>topotecan<br>ziv-aflibercept (Zaltrap)              |

*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>Minimal</b> | alemtuzumab (Campath, Lemtrada)<br>asparaginase<br>bevacizumab (Avastin)<br>bleomycin<br>bortezomib (Velcade)<br>cetuximab (Erbix)<br>cladribine (2-chlorodeoxyadenosine)<br>cytarabine < 100 mg/m <sup>2</sup><br>daratumumab (Darzalex)<br>decitabine<br>denileukin diftitox (Ontak)<br>dexrazoxane<br>elotuzumab (Empliciti)<br>fludarabine<br>interferon alpha ≤ 5 million IU/m <sup>2</sup><br>ipilimumab (Yervoy)<br>methotrexate ≤ 50 mg/m <sup>2</sup><br>nelarabine (Arranon) | nivolumab (Opdivo)<br>obinutuzumab (Gazyva)<br>ofatumumab (Arzerra)<br>panitumumab (Vectibix)<br>pegaspargase (Oncaspar)<br>peginterferon<br>pembrolizumab (Keytruda)<br>pertuzumab (Perjeta)<br>ramucirumab (Cyramza)<br>rituximab (Rituxan)<br>siltuximab (Sylvant)<br>temsirolimus (Torisel)<br>trastuzumab (Herceptin)<br>valrubicin (Valstar)<br>vinblastine<br>vincristine<br>vincristine liposomal (Marqibo)<br>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. <https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Emend.pdf>.
3. <http://blue.regence.com/trgmedpol/drugs/dru315.pdf>.
4. <http://blue.regence.com/trgmedpol/drugs/dru378.pdf>.
5. NPS.
6. [http://www.merck.com/product/usa/pi\\_circulars/e/emend/emend\\_pi.pdf?WT.mc\\_id=N02N3](http://www.merck.com/product/usa/pi_circulars/e/emend/emend_pi.pdf?WT.mc_id=N02N3).
7. [http://www.merck.com/product/usa/pi\\_circulars/e/emend\\_iv/emend\\_iv\\_pi.pdf](http://www.merck.com/product/usa/pi_circulars/e/emend_iv/emend_iv_pi.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   | <ol style="list-style-type: none"> <li><b>Changed</b> “N/A” to “Preferred: Aprepitant capsules (generic); Non-Preferred: Emend® capsules, Emend® injection, Emend® oral suspension” <b>under Applicable Drugs.</b></li> <li><b>Added</b> “II. Non-preferred products (i.e. Emend® capsules, Emend® injection, Emend® oral suspension) require a documented clinical reason containing details as to why generic entecavir is not appropriate or is contraindicated” <b>under Prior Authorization Criteria.</b></li> <li><b>Changed</b> “Authorization: 6 months” to “Authorization: CINV: 6 months; PONV: One dose” <b>under Approval Length.</b></li> <li><b>Changed</b> “Re-Authorization: An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective” to “Re-Authorization: CINV: An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective; PONV: N/A” <b>under Approval Length.</b></li> <li><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>cb</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>cb</sup> May be highly emetogenic in certain patients” <b>on table under Appendix.</b></li> <li><b>Added</b> “High: carboplatin AUC ≥ 4” and “Low: atezolizumab” <b>on table under Appendix.</b></li> </ol> |                                    |                        |                        |            |   |                                    |                |                        |                        |
| 9/29/2016  | <ol style="list-style-type: none"> <li><b>Changed</b> “I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis: A. Prevention of chemotherapy induced nausea and vomiting (CINV) associated with moderately- or highly-emetogenic antineoplastic agents (as defined in Appendix); B. Prevention of postoperative nausea and vomiting (PONV) AND criterion 1 is met: 1. Documented trial and failure of, intolerance to, or contraindication to two preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron); II. Minimum age requirement: 18 years old” to “I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis: A. Prevention of chemotherapy induced nausea and vomiting (CINV) associated with moderately- or highly-emetogenic antineoplastic agents (as defined in Appendix) and criterion 1 is met: 1. Minimum age requirement: 6 months old; B. Prevention of postoperative nausea and vomiting (PONV) AND criteria 1 and 2 are met: 1. Documented trial and failure of, intolerance to, or contraindication to two preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron); 2. Minimum age requirement: 18 years old” <b>under Prior Authorization Criteria.</b></li> <li><b>Added</b> “Suspension: Up to three suspension pouches per prescription” <b>under Quantity/Days Supply Restrictions.</b></li> <li><b>Added the following to the table under Appendix:</b><br/> <b>Emetic Risk Classification for IV Antineoplastic Agents <sup>a</sup></b> <table border="1" style="margin-left: 20px;"> <tbody> <tr> <td style="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)<br/>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> </li> </ol>   | <b>Moderate</b>                    | dinutuximab (Unituxin) | trabectedin (Yondelis) | <b>Low</b> | irinotecan liposomal (Onivyde)<br>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)<br>necitumumab (Portrazza)   | talimogene laherparepvec (Imlygic) |                        |                        |            |   |                                    |                |                        |                        |
| <b>Minimal</b>                                       | daratumumab (Darzalex)  | elotuzumab (Empliciti)             |                        |                        |            |   |                                    |                |                        |                        |
| 4/11/2015  | <ol style="list-style-type: none"> <li><b>Changed</b> “I. Documented diagnosis of prevention of nausea and vomiting associated with moderately- or highly-emetogenic chemotherapy (as defined in Appendix)” to “I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis: A. Prevention of chemotherapy induced nausea and vomiting (CINV) associated with moderately- or highly-emetogenic antineoplastic agents (as defined in Appendix); B. Prevention of postoperative nausea and vomiting (PONV) AND criterion 1 is met: 1. Documented trial and failure of, intolerance to,</li> </ol>   |                                    |                        |                        |            |   |                                    |                |                        |                        |

*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>   |   |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
|--|---|--|---|-------------|---|-----------------|---|--|---|------------|--|--|---|----------------|--|--|--|
|  | <p>or contraindication to two preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron)”</p> <p><b>under Prior Authorization Criteria.</b></p> <p>2. <b>Changed</b> “Capsules: 3 capsules (one 125mg capsule plus two 80mg capsules) per prescription” to “Capsules: CINV: Up to three capsules (i.e. one 125mg capsule plus two 80mg capsules) per prescription; PONV: One 40mg capsule per prescription” <b>under Quantity/Days Supply Restrictions.</b></p> <p>3. <b>Changed table under Appendix from:</b></p>  |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <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%; padding: 5px;"><b>High</b></td> <td style="padding: 5px;">           AC: cyclophosphamide + anthracycline (daunorubicin, doxorubicin, epirubicin, idarubicin)<br/>           carmustine<br/>           cisplatin<br/>           cyclophosphamide &gt;1,500 mg/m<sup>2</sup><br/>           dacarbazine (DTIC)<br/>           dactinomycin<br/>           doxorubicin &gt;60 mg/m<sup>2</sup><br/>           epirubicin &gt;90 mg/m<sup>2</sup><br/>           ifosfamide ≥ 2gm/m<sup>2</sup>/dose<br/>           mechlorethamine         </td> </tr> <tr> <td style="padding: 5px;"><b>Moderate</b></td> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               aldesleukin (Proleukin) &gt; 12-15 million IU/m<sup>2</sup><br/>               alemtuzumab (Campath)<br/>               amifostine &gt;300 mg/m<sup>2</sup><br/>               arsenic trioxide<br/>               azacitidine (Vidaza)<br/>               bendamustine (Treanda)<br/>               busulfan<br/>               carboplatin<sup>b</sup><br/>               clofarabine (Clolar)<br/>               cyclophosphamide (Cytosan) ≤ 1,500 mg/m<sup>2b</sup><br/>               cytarabine &gt; 200 mg/m<sup>2</sup> </td> <td style="width: 50%; border: none;">               daunorubicin<sup>b</sup><br/>               doxorubicin ≤60 mg/m<sup>2b</sup><br/>               epirubicin ≤ 90 mg/ m<sup>2b</sup><br/>               idarubicin<sup>b</sup><br/>               ifosfamide &lt; 2gm/m<sup>2b</sup><br/>               interferon alfa ≥ 10 million IU/m<sup>2</sup><br/>               irinotecan<br/>               melphalan<br/>               methotrexate ≥250 mg/ m<sup>2</sup><br/>               oxaliplatin (Eloxatin)<br/>               temozolomide IV (Temodar)             </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"><b>Low</b></td> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               amifostine ≤ 300 mg<br/>               aldesleukin (Proleukin) ≤12 million IU/m<sup>2b</sup><br/>               bortezomib (Velcade)<br/>               brentuximab (Adcetris)<br/>               cabazitaxel (Jevtana)<br/>               cytarabine 100-200 mg/m<sup>2b</sup><br/>               docetaxel (Taxotere)<br/>               doxorubicin liposomal (Doxil)<br/>               eribulin (Halaven)<br/>               etoposide (VP-16)<br/>               5-fluorouracil (5-FU)<br/>               floxuridine<br/>               gemcitabine (Gemzar)<br/>               interferon alfa 5-10 million IU/m<sup>2b</sup><br/>               ixabepilone (Ixemptra)             </td> <td style="width: 50%; border: none;">               methotrexate &gt;51-249 mg/m<sup>2b</sup><br/>               mitomycin<br/>               mitoxantrone<br/>               paclitaxel<br/>               paclitaxel-albumin bound (Abraxane)<br/>               panitumumab (Vectibix)<br/>               pemetrexed (Alimta)<br/>               pentostatin<br/>               pralatrexate (Folotyn)<br/>               romidepsin (Istodax)<br/>               temsirolimus (Torisel)<br/>               thiotepa<br/>               topotecan<br/>               trastuzumab (Herceptin)             </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"><b>Minimal</b></td> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               asparaginase (Elspar)<br/>               bevacizumab (Avastin)<br/>               bleomycin<br/>               cetuximab (Erbix)             </td> <td style="width: 50%; border: none;">               fludarabine (Fludara)<br/>               rituximab (Rituxan)<br/>               vinblastine<br/>               vincristine             </td> </tr> </table> </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)<br>carmustine<br>cisplatin<br>cyclophosphamide >1,500 mg/m <sup>2</sup><br>dacarbazine (DTIC)<br>dactinomycin<br>doxorubicin >60 mg/m <sup>2</sup><br>epirubicin >90 mg/m <sup>2</sup><br>ifosfamide ≥ 2gm/m <sup>2</sup> /dose<br>mechlorethamine | <b>Moderate</b> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               aldesleukin (Proleukin) &gt; 12-15 million IU/m<sup>2</sup><br/>               alemtuzumab (Campath)<br/>               amifostine &gt;300 mg/m<sup>2</sup><br/>               arsenic trioxide<br/>               azacitidine (Vidaza)<br/>               bendamustine (Treanda)<br/>               busulfan<br/>               carboplatin<sup>b</sup><br/>               clofarabine (Clolar)<br/>               cyclophosphamide (Cytosan) ≤ 1,500 mg/m<sup>2b</sup><br/>               cytarabine &gt; 200 mg/m<sup>2</sup> </td> <td style="width: 50%; border: none;">               daunorubicin<sup>b</sup><br/>               doxorubicin ≤60 mg/m<sup>2b</sup><br/>               epirubicin ≤ 90 mg/ m<sup>2b</sup><br/>               idarubicin<sup>b</sup><br/>               ifosfamide &lt; 2gm/m<sup>2b</sup><br/>               interferon alfa ≥ 10 million IU/m<sup>2</sup><br/>               irinotecan<br/>               melphalan<br/>               methotrexate ≥250 mg/ m<sup>2</sup><br/>               oxaliplatin (Eloxatin)<br/>               temozolomide IV (Temodar)             </td> </tr> </table> | aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup><br>alemtuzumab (Campath)<br>amifostine >300 mg/m <sup>2</sup><br>arsenic trioxide<br>azacitidine (Vidaza)<br>bendamustine (Treanda)<br>busulfan<br>carboplatin <sup>b</sup><br>clofarabine (Clolar)<br>cyclophosphamide (Cytosan) ≤ 1,500 mg/m <sup>2b</sup><br>cytarabine > 200 mg/m <sup>2</sup> | daunorubicin <sup>b</sup><br>doxorubicin ≤60 mg/m <sup>2b</sup><br>epirubicin ≤ 90 mg/ m <sup>2b</sup><br>idarubicin <sup>b</sup><br>ifosfamide < 2gm/m <sup>2b</sup><br>interferon alfa ≥ 10 million IU/m <sup>2</sup><br>irinotecan<br>melphalan<br>methotrexate ≥250 mg/ m <sup>2</sup><br>oxaliplatin (Eloxatin)<br>temozolomide IV (Temodar) | <b>Low</b> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               amifostine ≤ 300 mg<br/>               aldesleukin (Proleukin) ≤12 million IU/m<sup>2b</sup><br/>               bortezomib (Velcade)<br/>               brentuximab (Adcetris)<br/>               cabazitaxel (Jevtana)<br/>               cytarabine 100-200 mg/m<sup>2b</sup><br/>               docetaxel (Taxotere)<br/>               doxorubicin liposomal (Doxil)<br/>               eribulin (Halaven)<br/>               etoposide (VP-16)<br/>               5-fluorouracil (5-FU)<br/>               floxuridine<br/>               gemcitabine (Gemzar)<br/>               interferon alfa 5-10 million IU/m<sup>2b</sup><br/>               ixabepilone (Ixemptra)             </td> <td style="width: 50%; border: none;">               methotrexate &gt;51-249 mg/m<sup>2b</sup><br/>               mitomycin<br/>               mitoxantrone<br/>               paclitaxel<br/>               paclitaxel-albumin bound (Abraxane)<br/>               panitumumab (Vectibix)<br/>               pemetrexed (Alimta)<br/>               pentostatin<br/>               pralatrexate (Folotyn)<br/>               romidepsin (Istodax)<br/>               temsirolimus (Torisel)<br/>               thiotepa<br/>               topotecan<br/>               trastuzumab (Herceptin)             </td> </tr> </table> | amifostine ≤ 300 mg<br>aldesleukin (Proleukin) ≤12 million IU/m <sup>2b</sup><br>bortezomib (Velcade)<br>brentuximab (Adcetris)<br>cabazitaxel (Jevtana)<br>cytarabine 100-200 mg/m <sup>2b</sup><br>docetaxel (Taxotere)<br>doxorubicin liposomal (Doxil)<br>eribulin (Halaven)<br>etoposide (VP-16)<br>5-fluorouracil (5-FU)<br>floxuridine<br>gemcitabine (Gemzar)<br>interferon alfa 5-10 million IU/m <sup>2b</sup><br>ixabepilone (Ixemptra) | methotrexate >51-249 mg/m <sup>2b</sup><br>mitomycin<br>mitoxantrone<br>paclitaxel<br>paclitaxel-albumin bound (Abraxane)<br>panitumumab (Vectibix)<br>pemetrexed (Alimta)<br>pentostatin<br>pralatrexate (Folotyn)<br>romidepsin (Istodax)<br>temsirolimus (Torisel)<br>thiotepa<br>topotecan<br>trastuzumab (Herceptin) | <b>Minimal</b> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               asparaginase (Elspar)<br/>               bevacizumab (Avastin)<br/>               bleomycin<br/>               cetuximab (Erbix)             </td> <td style="width: 50%; border: none;">               fludarabine (Fludara)<br/>               rituximab (Rituxan)<br/>               vinblastine<br/>               vincristine             </td> </tr> </table> | asparaginase (Elspar)<br>bevacizumab (Avastin)<br>bleomycin<br>cetuximab (Erbix) | fludarabine (Fludara)<br>rituximab (Rituxan)<br>vinblastine<br>vincristine |
| <b>Emetic Risk Classification for IV Chemotherapy<sup>a</sup></b>  |   |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| <b>High</b>  | AC: cyclophosphamide + anthracycline (daunorubicin, doxorubicin, epirubicin, idarubicin)<br>carmustine<br>cisplatin<br>cyclophosphamide >1,500 mg/m <sup>2</sup><br>dacarbazine (DTIC)<br>dactinomycin<br>doxorubicin >60 mg/m <sup>2</sup><br>epirubicin >90 mg/m <sup>2</sup><br>ifosfamide ≥ 2gm/m <sup>2</sup> /dose<br>mechlorethamine   |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| <b>Moderate</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               aldesleukin (Proleukin) &gt; 12-15 million IU/m<sup>2</sup><br/>               alemtuzumab (Campath)<br/>               amifostine &gt;300 mg/m<sup>2</sup><br/>               arsenic trioxide<br/>               azacitidine (Vidaza)<br/>               bendamustine (Treanda)<br/>               busulfan<br/>               carboplatin<sup>b</sup><br/>               clofarabine (Clolar)<br/>               cyclophosphamide (Cytosan) ≤ 1,500 mg/m<sup>2b</sup><br/>               cytarabine &gt; 200 mg/m<sup>2</sup> </td> <td style="width: 50%; border: none;">               daunorubicin<sup>b</sup><br/>               doxorubicin ≤60 mg/m<sup>2b</sup><br/>               epirubicin ≤ 90 mg/ m<sup>2b</sup><br/>               idarubicin<sup>b</sup><br/>               ifosfamide &lt; 2gm/m<sup>2b</sup><br/>               interferon alfa ≥ 10 million IU/m<sup>2</sup><br/>               irinotecan<br/>               melphalan<br/>               methotrexate ≥250 mg/ m<sup>2</sup><br/>               oxaliplatin (Eloxatin)<br/>               temozolomide IV (Temodar)             </td> </tr> </table>   | aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup><br>alemtuzumab (Campath)<br>amifostine >300 mg/m <sup>2</sup><br>arsenic trioxide<br>azacitidine (Vidaza)<br>bendamustine (Treanda)<br>busulfan<br>carboplatin <sup>b</sup><br>clofarabine (Clolar)<br>cyclophosphamide (Cytosan) ≤ 1,500 mg/m <sup>2b</sup><br>cytarabine > 200 mg/m <sup>2</sup>   | daunorubicin <sup>b</sup><br>doxorubicin ≤60 mg/m <sup>2b</sup><br>epirubicin ≤ 90 mg/ m <sup>2b</sup><br>idarubicin <sup>b</sup><br>ifosfamide < 2gm/m <sup>2b</sup><br>interferon alfa ≥ 10 million IU/m <sup>2</sup><br>irinotecan<br>melphalan<br>methotrexate ≥250 mg/ m <sup>2</sup><br>oxaliplatin (Eloxatin)<br>temozolomide IV (Temodar) |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup><br>alemtuzumab (Campath)<br>amifostine >300 mg/m <sup>2</sup><br>arsenic trioxide<br>azacitidine (Vidaza)<br>bendamustine (Treanda)<br>busulfan<br>carboplatin <sup>b</sup><br>clofarabine (Clolar)<br>cyclophosphamide (Cytosan) ≤ 1,500 mg/m <sup>2b</sup><br>cytarabine > 200 mg/m <sup>2</sup>   | daunorubicin <sup>b</sup><br>doxorubicin ≤60 mg/m <sup>2b</sup><br>epirubicin ≤ 90 mg/ m <sup>2b</sup><br>idarubicin <sup>b</sup><br>ifosfamide < 2gm/m <sup>2b</sup><br>interferon alfa ≥ 10 million IU/m <sup>2</sup><br>irinotecan<br>melphalan<br>methotrexate ≥250 mg/ m <sup>2</sup><br>oxaliplatin (Eloxatin)<br>temozolomide IV (Temodar)   |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| <b>Low</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               amifostine ≤ 300 mg<br/>               aldesleukin (Proleukin) ≤12 million IU/m<sup>2b</sup><br/>               bortezomib (Velcade)<br/>               brentuximab (Adcetris)<br/>               cabazitaxel (Jevtana)<br/>               cytarabine 100-200 mg/m<sup>2b</sup><br/>               docetaxel (Taxotere)<br/>               doxorubicin liposomal (Doxil)<br/>               eribulin (Halaven)<br/>               etoposide (VP-16)<br/>               5-fluorouracil (5-FU)<br/>               floxuridine<br/>               gemcitabine (Gemzar)<br/>               interferon alfa 5-10 million IU/m<sup>2b</sup><br/>               ixabepilone (Ixemptra)             </td> <td style="width: 50%; border: none;">               methotrexate &gt;51-249 mg/m<sup>2b</sup><br/>               mitomycin<br/>               mitoxantrone<br/>               paclitaxel<br/>               paclitaxel-albumin bound (Abraxane)<br/>               panitumumab (Vectibix)<br/>               pemetrexed (Alimta)<br/>               pentostatin<br/>               pralatrexate (Folotyn)<br/>               romidepsin (Istodax)<br/>               temsirolimus (Torisel)<br/>               thiotepa<br/>               topotecan<br/>               trastuzumab (Herceptin)             </td> </tr> </table>  | amifostine ≤ 300 mg<br>aldesleukin (Proleukin) ≤12 million IU/m <sup>2b</sup><br>bortezomib (Velcade)<br>brentuximab (Adcetris)<br>cabazitaxel (Jevtana)<br>cytarabine 100-200 mg/m <sup>2b</sup><br>docetaxel (Taxotere)<br>doxorubicin liposomal (Doxil)<br>eribulin (Halaven)<br>etoposide (VP-16)<br>5-fluorouracil (5-FU)<br>floxuridine<br>gemcitabine (Gemzar)<br>interferon alfa 5-10 million IU/m <sup>2b</sup><br>ixabepilone (Ixemptra) | methotrexate >51-249 mg/m <sup>2b</sup><br>mitomycin<br>mitoxantrone<br>paclitaxel<br>paclitaxel-albumin bound (Abraxane)<br>panitumumab (Vectibix)<br>pemetrexed (Alimta)<br>pentostatin<br>pralatrexate (Folotyn)<br>romidepsin (Istodax)<br>temsirolimus (Torisel)<br>thiotepa<br>topotecan<br>trastuzumab (Herceptin)                         |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| amifostine ≤ 300 mg<br>aldesleukin (Proleukin) ≤12 million IU/m <sup>2b</sup><br>bortezomib (Velcade)<br>brentuximab (Adcetris)<br>cabazitaxel (Jevtana)<br>cytarabine 100-200 mg/m <sup>2b</sup><br>docetaxel (Taxotere)<br>doxorubicin liposomal (Doxil)<br>eribulin (Halaven)<br>etoposide (VP-16)<br>5-fluorouracil (5-FU)<br>floxuridine<br>gemcitabine (Gemzar)<br>interferon alfa 5-10 million IU/m <sup>2b</sup><br>ixabepilone (Ixemptra) | methotrexate >51-249 mg/m <sup>2b</sup><br>mitomycin<br>mitoxantrone<br>paclitaxel<br>paclitaxel-albumin bound (Abraxane)<br>panitumumab (Vectibix)<br>pemetrexed (Alimta)<br>pentostatin<br>pralatrexate (Folotyn)<br>romidepsin (Istodax)<br>temsirolimus (Torisel)<br>thiotepa<br>topotecan<br>trastuzumab (Herceptin)   |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| <b>Minimal</b>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">               asparaginase (Elspar)<br/>               bevacizumab (Avastin)<br/>               bleomycin<br/>               cetuximab (Erbix)             </td> <td style="width: 50%; border: none;">               fludarabine (Fludara)<br/>               rituximab (Rituxan)<br/>               vinblastine<br/>               vincristine             </td> </tr> </table>  | asparaginase (Elspar)<br>bevacizumab (Avastin)<br>bleomycin<br>cetuximab (Erbix)   | fludarabine (Fludara)<br>rituximab (Rituxan)<br>vinblastine<br>vincristine  |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |
| asparaginase (Elspar)<br>bevacizumab (Avastin)<br>bleomycin<br>cetuximab (Erbix)   | fludarabine (Fludara)<br>rituximab (Rituxan)<br>vinblastine<br>vincristine  |  |   |             |   |                 |   |  |   |            |  |  |   |                |  |  |  |

*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>   |   |   |
|--|---|---|
|  | cladribine (2-chlorodeoxyadenosine)   | vinorelbine   |
| <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> <p><sup>b</sup>May be designated at a higher emetic risk if at a higher dose or used in certain combinations (e.g. with cyclophosphamide).</p> <p><b>to:</b></p> <p><b>Emetic Risk Classification for IV Antineoplastic Agents <sup>a</sup></b></p> |   |   |
| <b>High</b>  | AC: cyclophosphamide + anthracycline (doxorubicin, epirubicin)<br>carmustine (BiCNU) > 250 mg/m <sup>2</sup><br>cisplatin<br>cyclophosphamide > 1,500 mg/m <sup>2</sup><br>dacarbazine<br>doxorubicin ≥ 60 mg/m <sup>2</sup><br>epirubicin > 90 mg/m <sup>2</sup><br>ifosfamide ≥ 2 g/m <sup>2</sup> /dose<br>mechlorethamine (Mustargen)<br>streptozocin (Zanosar)   |   |
| <b>Moderate</b>  | aldesleukin (Proleukin) > 12-15 million IU/m <sup>2</sup><br>amifostine > 300 mg/m <sup>2</sup><br>arsenic trioxide (Trisenox)<br>azacitidine (Vidaza)<br>bendamustine (Treanda)<br>busulfan (Myleran)<br>carboplatin <sup>b</sup><br>carmustine (BiCNU) ≤ 250 mg/m <sup>2</sup><br>clofarabine (Clolar)<br>cyclophosphamide ≤ 1,500 mg/m <sup>2</sup><br>cytarabine > 200 mg/m <sup>2</sup><br>dactinomycin <sup>b</sup>                             | daunorubicin <sup>b</sup><br>doxorubicin < 60 mg/m <sup>2</sup><br>epirubicin ≤ 90 mg/m <sup>2</sup><br>idarubicin<br>ifosfamide < 2 g/m <sup>2</sup> /dose <sup>b</sup><br>interferon alfa ≥ 10 million IU/m <sup>2</sup><br>irinotecan <sup>b</sup><br>melphalan<br>methotrexate ≥ 250 mg/m <sup>2</sup> <sup>b</sup><br>oxaliplatin<br>temozolomide IV (Temodar)               |
| <b>Low</b>   | ado-trastuzumab emtansine (Kadcyla)<br>amifostine ≤ 300 mg/m <sup>2</sup><br>aldesleukin (Proleukin) ≤ 12 million IU/m <sup>2</sup><br>belinostat (Beleodaq)<br>blinatumomab (Blinicyto)<br>brentuximab vedotin (Adcetris)<br>cabazitaxel (Jevtana)<br>carfilzomib (Kyprolis)<br>cytarabine 100-200 mg/m <sup>2</sup><br>docetaxel<br>doxorubicin liposomal<br>eribulin (Halaven)<br>etoposide<br>5-fluorouracil (5-FU)<br>floxuridine<br>gemcitabine | interferon alfa >5 <10 million IU/m <sup>2</sup><br>ixabepilone (Ixempra)<br>methotrexate > 50 < 250 mg/m <sup>2</sup><br>mitomycin<br>mitoxantrone<br>omacetaxine (Synribo)<br>paclitaxel<br>paclitaxel-albumin bound (Abraxane)<br>pemetrexed (Alimta)<br>pentostatin<br>pralatrexate (Folotylin)<br>romidepsin (Istodax)<br>thiotepa<br>topotecan<br>ziv-aflibercept (Zaltrap) |
| <b>Minimal</b>   | alemtuzumab (Campath, Lemtrada)<br>asparaginase<br>bevacizumab (Avastin)  | obinutuzumab (Gazyva)<br>ofatumumab (Arzerra)<br>panitumumab (Vectibix)   |

*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> |   |   |
|--|---|---|
|  | bleomycin<br>bortezomib (Velcade)<br>cetuximab (Erbix)<br>cladribine (2-chlorodeoxyadenosine)<br>cytarabine < 100 mg/m <sup>2</sup><br>decitabine<br>denileukin diftitox (Ontak)<br>dexrazoxane<br>fludarabine<br>interferon alpha ≤ 5 million IU/m <sup>2</sup><br>ipilimumab (Yervoy)<br>methotrexate ≤ 50 mg/m <sup>2</sup><br>nelarabine (Arranon)<br>nivolumab (Opdivo)  | pegaspargase (Oncaspar)<br>peginterferon<br>pembrolizumab (Keytruda)<br>pertuzumab (Perjeta)<br>ramucirumab (Cyramza)<br>rituximab (Rituxan)<br>siltuximab (Sylvant)<br>temsirolimus (Torisel)<br>trastuzumab (Herceptin)<br>valrubicin (Valstar)<br>vinblastine<br>vincristine<br>vincristine liposomal (Marqibo)<br>vinorelbine |
|  | <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> <p><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).</p> <p>4. <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>” and “<a href="http://blue.regence.com/trgmedpol/drugs/dru378.pdf">http://blue.regence.com/trgmedpol/drugs/dru378.pdf</a>” <b>under References.</b></p> <p>5. <b>Removed</b> “<a href="http://blue.regence.com/trgmedpol/drugs/dru091.pdf">http://blue.regence.com/trgmedpol/drugs/dru091.pdf</a>” <b>from References</b> (link no longer valid).</p> <p>6. <b>Updated</b> “<a href="http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Emend.pdf">http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Emend.pdf</a>” to “<a href="https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Emend.pdf">https://medicaid.utah.gov/pharmacy/priorauthorization/pdf/Emend.pdf</a>” <b>under References.</b></p>  |   |
| 12/2/2013  | <ol style="list-style-type: none"> <li>1. <b>Adapted policy to new format.</b></li> <li>2. <b>Added</b> “fosaprepitant” <b>to Generic Name.</b></li> <li>3. <b>Added GPI code</b> for fosaprepitant.</li> <li>4. <b>Changed</b> “Patients receiving cancer chemotherapy regimens that are classified as high emetic risk may receive Emend® as first-line treatment; Patients on other cancer chemotherapy regimens must have failed or have a contraindication to all preferred 5-HT3 receptor antagonists (i.e. granisetron and ondansetron)” <b>to</b> “Documented diagnosis of prevention of nausea and vomiting associated with moderately- or highly-emetogenic chemotherapy (as defined in Appendix)” <b>under Prior Authorization Criteria.</b></li> <li>5. <b>Added</b> “Minimum age requirement: 18 years old” <b>to Prior Authorization Criteria.</b></li> <li>6. <b>Added</b> “Emend® should not be used concurrently with pimozone, terfenadine, astemizole, or cisapride, since inhibition of CYP3A4 by aprepitant could result in elevated plasma concentrations of these drugs, potentially causing serious or life-threatening reactions” <b>to Exclusion Criteria.</b></li> <li>7. <b>Changed Quantity/Days Supply Restrictions from</b> “Capsules: 5 capsules per prescription” <b>to</b> “Capsules: 3 capsules (one 125mg capsule plus two 80mg capsules) per prescription”.</li> <li>8. <b>Changed Authorization under Approval Length from</b> “6 months, 3 doses per chemotherapy session” <b>to</b> “6 months”.</li> <li>9. <b>Changed Re-Authorization under Approval Length from</b> “Updated letter of medical necessity” <b>to</b> “An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective”.</li> <li>10. <b>Updated references</b> to include Regence Aloxi policy (used for table in Appendix) and Emend package inserts.</li> </ol> |   |

*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.*