

## **STRIDE<sup>SM</sup> (HMO) MEDICARE ADVANTAGE**

**Effective Date: January 1, 2017**

**Subject: Antiemetics: Aloxi®, Anzemet® and Emend®**

### **Policy:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers certain antiemetic agents (i.e., Aloxi® [palonosetron HCl injection], Anzemet® [dolasetron mesylate] and Emend® [fosaprepitant dimeglumine]) when specific criteria are met.

Covered medications must be:

- Reasonable and medically necessary based on the individual member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition;
- Ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.<sup>1</sup>

### **Authorization:**

Prior authorization from Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage is required for all injections of Aloxi® (palonosetron HCl injection), Anzemet® (dolasetron mesylate) and/or Emend® (fosaprepitant dimeglumine).

- Initial authorization is limited to a maximum of 6 months of treatment.
- For reauthorization for ongoing treatment, clinicians must submit documentation confirming continued need for therapy.

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<sup>1</sup> Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

### **Medical Review Criteria**

**Antiemetics: Aloxi®, Anzemet® and Emend®**

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*Harvard Pilgrim Stride<sup>SM</sup> (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.*

**Criteria:**

Medication	Criteria
<b>Aloxi® (palonosetron HCl injection)</b>	<p>Authorized when medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Member has a history of nausea or vomiting related to, or following, ANY of the following: <ul style="list-style-type: none"> <li>• Surgery</li> <li>• Radiation therapy</li> <li>• Oncology treatment</li> <li>• Pregnancy</li> <li>• Eating disorders</li> </ul> </li> <li>2. EITHER of the following: <ul style="list-style-type: none"> <li>• Treatment using moderate or high emetogenic potential IV antineoplastic agent listed in the most recent NCCN Guidelines<sup>2</sup>; OR</li> </ul> </li> </ol>
<b>Anzemet® (dolasetron mesylate)</b>	<p>Authorized when medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Member has diagnosis of pregnancy-related nausea and vomiting; AND</li> </ol>
<b>Emend® (fosaprepitant dimeglumine)</b>	<p>Authorized when medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Member with history of nausea or vomiting related to, or following, ANY of the following: <ul style="list-style-type: none"> <li>• Surgery</li> <li>• Radiation therapy</li> <li>• Oncology treatment</li> <li>• Pregnancy</li> <li>• Eating disorders</li> </ul> </li> <li>3. EITHER of the following: <ul style="list-style-type: none"> <li>• Treatment using moderate or high emetogenic potential IV antineoplastic agent listed in the most recent NCCN Guidelines; OR</li> </ul> </li> </ol>

**Exclusions:**


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<sup>2</sup> National Comprehensive Cancer Network (NCCN) Guidelines can be accessed at [www.nccn.org](http://www.nccn.org)

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Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover Aloxi<sup>®</sup> (palonosetron HCl injection), Anzemet<sup>®</sup> (dolasetron mesylate) or Emend<sup>®</sup> (fosaprepitant dimeglumine) when criteria above are not met.

**Coding: Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

CPT <sup>®</sup> Code	Description
J2469	Injection, palonosetron HCl, 25 mcg
J1260	Injection, dolasetron mesylate
J1453	Injection, fosaprepitant, 1 mg

**Approved by UMCP: 8/24/16**

- Revised: 3/16, 8/16
- Initial Approval: 8/25/15 (effective 1/1/16)

#### Summary of Changes

Date	Changes
8/24/16	Annual review/update. Minor language changes. References updated.
3/16	Minor edits to criteria.

#### References:

1. Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50.4 Oral Anti-Nausea (Anti-Emetic) Drugs  
<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>
2. National Coverage Determination (NCD) for Aprepitant for Chemotherapy-Induced Emesis (110.18)
3. Decision Memo for Aprepitant for Chemotherapy-Induced Emesis (CAG-00248R) Date: May 29, 2013; Accessed online (8/8/16) at <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=264&NCDId=309&ncdver=2&IsPopup=y&bc=AAAAAAAAAgAAAA%3D%3D&>
4. Prescribing Information: ALOXI<sup>®</sup> (palonosetron HCl) Injection for Intravenous Use; Distributed and marketed by Eisai Inc., Woodcliff Lake, NJ 07677 under license of Helsinn Healthcare SA, Switzerland; revised 12/15: <http://www.aloxi.com/docs/pdf/pi.pdf> (accessed 8/8/16)
5. Prescribing Information: ANZEMET<sup>®</sup> Injection (dolasetron mesylate); sanofi-aventis U.S. LLC, Bridgewater, NJ 08807; [http://products.sanofi.us/anzemet\\_injection/anzemetinj.pdf](http://products.sanofi.us/anzemet_injection/anzemetinj.pdf)

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6. Prescribing Information: Emend® (fosaprepitant dimeglumine); Merck Sharp & Dohme Corp., a subsidiary of MERCK & CO., INC.; Whitehouse Station, NJ 08889, USA (Revised: 2/16): [https://www.merck.com/product/usa/pi\\_circulars/e/emend\\_iv/emend\\_iv\\_pi.pdf](https://www.merck.com/product/usa/pi_circulars/e/emend_iv/emend_iv_pi.pdf) (accessed 8/8/16)
7. Hesketh, PJ. Prevention and treatment of chemotherapy-induced nausea and vomiting. In: UpToDate, Post, TS (ed), Waltham, MA, 201c. <http://www.uptodate.com/contents/prevention-and-treatment-of-chemotherapy-induced-nausea-and-vomiting> (Updated 3/11/16) (accessed 8/8/16)
8. Longstreth, GF. Approach to the adult with nausea and vomiting. In: UpToDate, Post, TS (ed), Waltham, MA, 2015.

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