

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

NETUPITANT/PALONOSETRON (AKYNZEO)

Generic	Brand	HICL	GCN	Exception/Other
NETUPITANT/ PALONOSETRON	AKYNZEO	41467		

GUIDELINES FOR USE

1. Is Akynzeo being requested for the prevention of nausea and vomiting associated with cancer chemotherapy?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Akynzeo (netupitant/palonosetron) guideline, this medication is only covered for the prevention of nausea and vomiting associated cancer chemotherapy. Your provider did not indicate that Akynzeo is being used for this condition and therefore your request was not approved.

2. Is the patient 18 years of age or older?

If yes, continue to #3.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Akynzeo (netupitant/palonosetron) guideline, this medication is only covered for members 18 years of age and older. Your provider indicated that you are under the age of 18 and therefore your request was not approved.

3. Is the patient receiving highly emetogenic intravenous chemotherapy as defined by NCCN Clinical Practice Guidelines for Antiemesis (i.e., doxorubicin, epirubicin, cyclophosphamide, carmustine, cisplatin, dacarbazine, ifosfamide, mechlorethamine, streptozocin)?

If yes, continue to #4.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Akynzeo (netupitant/palonosetron) guideline, this medication is only covered when the member is receiving highly emetogenic intravenous chemotherapy as defined by NCCN Clinical Practice Guidelines for Antiemesis (i.e., doxorubicin, epirubicin, cyclophosphamide, carmustine, cisplatin, dacarbazine, ifosfamide, mechlorethamine, streptozocin). Your provider did not indicate that you are receiving one of these medications and therefore your request was not approved.

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GUIDELINES FOR USE (CONTINUED)

4. Will Akynzeo be taken with dexamethasone?

If yes, **approve for 24 months by HICL with a quantity of 2 capsules per 28 days.** Please use status code #056 and the approval text provided.

APPROVAL TEXT: Your request for Akynzeo has been approved for a 24 month period with a quantity of 2 capsules per 28 days.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's Akynzeo (netupitant/palonosetron) guideline, this medication is only covered when taken with dexamethasone. Your provider did not indicate that you will take Akynzeo with dexamethasone and therefore your request was not approved.

RATIONALE

Promote clinically appropriate utilization of Akynzeo based on its FDA approved indication and dosing.

FDA APPROVED INDICATIONS

AKYNZEO is a fixed combination of netupitant, a substance P/neurokinin 1 (NK₁) receptor antagonist, and palonosetron, a serotonin-3 (5-HT₃) and neurokinin 1 (NK₁) receptor antagonist indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy. Oral palonosetron prevents nausea and vomiting during the acute phase and netupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy.

REFERENCES

- Eisai Inc. Akynzeo prescribing information. Helsinn Therapeutics Inc. Iselin, NJ. April 2018.
- NCCN Clinical Practice Guidelines in Oncology, Antiemesis Version 2.2015.

Created: 09/16

Effective: 10/01/18

Client Approval: 07/18/18

P&T Approval: 09/27/18