Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	Akynzeo (netupitant/palonosetron)

1. Criteria

Product Name: Akynzeo	
Approval Length	24 Month(s)
Guideline Type	Prior Authorization

Approval Criteria

1 - Akynzeo is being requested for the prevention of nausea and vomiting associated with cancer chemotherapy

AND

2 - Patient is 18 years of age or older

AND

3 - Patient is receiving moderately to highly emetogenic intravenous chemotherapy as defined by NCCN Clinical Practice Guidelines for Antiemesis

AND

4 - Akynzeo will be taken with dexamethasone

2. Background

Benefit/Coverage/Program Information

RATIONALE
Promote clinically appropriate utilization of Akynzeo (netupitant/palonosetron) based on its FDA approved indication and dosing.

FDA APPROVED INDICATIONS
Akynzeo (netupitant/palonosetron) is a fixed combination of netupitant, a substance P/neurokinin 1 (NK_1) receptor antagonist, and palonosetron, a serotonin-3 ($5\text{-}HT_3$) and neurokinin 1 (NK_1) receptor antagonist indicated in combination with dexamethasone in adults 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

- Akynzeo (netupitant/palonosetron) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc; April 2018.
- NCCN Clinical Practice Guidelines in Oncology, Antiemesis Version 2.2020.

Created: 09/16
Revised: • Annual review (effective: 1/1/20) • 10/14/20 - Annual review: background updates; no changes to criteria
P&T Approval: 12/7/20
Effective: 1/1/21