Clinical Policy: Palonosetron (Aloxi)
Reference Number: CP.CPA.198
Effective Date: 11.16.16
Last Review Date: 08.18
Line of Business: Commercial

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Palonosetron (Aloxi®) is a serotonin (5-HT₃) receptor antagonist.

FDA Approved Indication(s)
Aloxi is indicated for:
- Moderately emetogenic cancer chemotherapy: prevention of acute and delayed nausea and vomiting associated with initial and repeat courses in adults
- Highly emetogenic cancer chemotherapy: prevention of acute nausea and vomiting associated with initial and repeat courses in adults
- Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy, in pediatric patients aged 1 month to less than 17 years
- Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery in adults
  - Efficacy beyond 24 hours has not been demonstrated. As with other antiemetics, routine prophylaxis is not recommended in patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and vomiting must be avoided during the postoperative period, Aloxi is recommended even where the incidence of postoperative nausea and/or vomiting is low.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Aloxi is medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Prevention of Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all):
      1. Prescribed for the prevention of chemotherapy-induced nausea/vomiting;
      2. Failure of a formulary 5-HT₃ receptor antagonist (ondansetron is preferred) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
      3. Dose does not exceed one of the following (a or b):
         a. Adults: 0.25 mg per chemotherapy cycle;
         b. Pediatrics (age < 18 years): 1.5 mg per chemotherapy cycle.
Approval duration: projected course of chemotherapy up to 72 hours after completion of chemotherapy

B. Prevention of Postoperative Nausea and Vomiting (must meet all):
   1. Prescribed for the prevention of postoperative nausea/vomiting;
   2. Member is scheduled to receive surgery;
   3. Age ≥ 18 years;
   4. Failure of a formulary 5-HT3 receptor antagonist (*ondansetron is preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
   5. Dose does not exceed 0.075 mg once.
   Approval duration: one time approval (3 days)

C. Other diagnoses/indications
   1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.

II. Continued Therapy
A. Prevention of Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all):
   1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   2. Member is responding positively to therapy;
   3. Member continues to receive cancer chemotherapy;
   4. If request is for a dose increase, new dose does not exceed one of the following (a or b):
      a. Adults: 0.25 mg per chemotherapy cycle;
      b. Pediatrics (age < 18 years): 1.5 mg per chemotherapy cycle.
   Approval duration: projected course of chemotherapy up to 72 hours after completion of chemotherapy

B. Prevention of Postoperative Nausea and Vomiting (must meet all):
   Reauthorization is not permitted. Members will need to be re-evaluated using initial approval criteria.

C. Other diagnoses/indications (must meet 1 or 2):
   1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
      Approval duration: Duration of request or 12 months (whichever is less); or
   2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.
III. Diagnoses/Indications for which coverage is NOT authorized:
A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
- 5-HT3: serotonin 5-hydroxytryptamine, type 3
- ASCO: American Society of Clinical Oncology
- FDA: Food and Drug Administration
- NCCN: National Comprehensive Cancer Network
- PONV: postoperative nausea and vomiting

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Dose Limit/Maximum Dose</th>
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</thead>
<tbody>
<tr>
<td><strong>5-HT3 Serotonin Antagonists</strong></td>
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</tbody>
</table>
| Akynzeo® (fosnetupitant/ palonosetron) | Prevention of nausea and vomiting associated with highly emetogenic chemotherapy  
1 vial IV given 30 min prior to chemotherapy on day 1 | 1 vial/chemotherapy cycle            |
| Akynzeo® (netupitant/ palonosetron) | Prevention of nausea and vomiting associated with highly emetogenic chemotherapy 
1 capsule PO given 1 hour prior to initiation of chemotherapy on day 1 (in combination with dexamethasone) or 1 vial IV given 30 min prior to initiation of chemotherapy on day 1 | 1 capsule or vial/chemotherapy cycle |
| Anzemet® (dolasetron)            | Prevention of nausea and vomiting associated with chemotherapy 
100 mg PO within 1 hr prior to chemotherapy          | 100 mg/day                           |
| granisetron (Kytril®)            | Prevention of nausea and vomiting associated with chemotherapy 
Tablet: 2 mg PO QD given 1 hr prior to chemotherapy, or 1 mg PO BID (one dose given 1 hr prior to chemotherapy and then 12 hours later) 
Injection: 10 mcg/kg IV given within 30 min prior to chemotherapy (on days chemotherapy is given) | PO: 2 mg/day  
IV: 10 mcg/kg/day |
### Drug Name | Dosing Regimen | Dose Limit/Maximum Dose
--- | --- | ---
**Prevention of PONV**<br>0.35 to 3 mg (5 to 20 mcg/kg) IV at the end of surgery |  

**Ondansetron**<br>(Zofran®, Zofran® ODT, Zuplenz®)<br>Prevention of nausea and vomiting associated with moderately emetogenic chemotherapy<br>Age 12 years or older: 8 mg PO given 30 min prior to chemotherapy, then repeat dose 8 hrs after initial dose, then 8 mg PO BID for 1 to 2 days after chemotherapy completion<br>Age 4 to 11 years: 4 mg PO given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose, then 8 mg PO TID for 1 to 2 days after chemotherapy completion | PO: 24 mg/day IV: 16 mg/dose (up to 3 doses/day)

**Prevention of nausea and vomiting associated with highly emetogenic chemotherapy**<br>24 mg PO given 30 min prior to start of single-day chemotherapy |  

**Prevention of nausea and vomiting associated with emetogenic chemotherapy**<br>0.15 mg/kg/dose IV given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose |  

**Prevention of PONV**<br>16 mg PO given 1 hr prior to anesthesia or 4 mg IM/IV as a single dose given 30 min before end of anesthesia |  

**Sancuso**<br>(granisetron)<br>Prevention of nausea and vomiting associated with chemotherapy<br>Apply 1 patch at least 24 hrs prior to chemotherapy; may be applied up to 48 hrs after chemotherapy | 1 patch/7 days

**Sustol**<br>(granisetron)<br>Prevention of moderately emetogenic chemotherapy or | 10 mg/7 days
**Drug Name** | **Dosing Regimen** | **Dose Limit/Maximum Dose**
--- | --- | ---
*anthracycline/cyclophosphamide chemotherapy* | 10 mg SC given 30 min prior to chemotherapy on day 1 (in combination with other agents). Do not administer more frequently than once every 7 days. |  

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

*Off-label*

**Appendix C: Contraindications**

Not applicable

**Appendix D: American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN) Recommendations in Oncology**

- **Minimal emetic risk chemotherapy:** No routine prophylaxis is recommended.
- **Low emetic risk chemotherapy:** Recommended options include dexamethasone (recommended by both ASCO and NCCN) or metoclopramide, prochlorperazine, or a 5-HT3 receptor antagonist (recommended by NCCN only). NK1 receptor antagonists are not included in low risk antiemetic recommendations.
- **Moderate emetic risk chemotherapy:** 5-HT3 receptor antagonists and dexamethasone may be used in combination and with or without NK1 receptor antagonists. Olanzapine may also be used in combination with palonosetron and dexamethasone.
  - Examples of moderate emetic risk chemotherapy: azacitidine, alemtuzumab, bendamustine, carboplatin, clofarabine, cyclophosphamide < 1,500 mg/m², cytarabine < 1,000 mg/m², daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, oxaliplatin
- **High emetic risk chemotherapy:** NK1 receptor antagonists are recommended for use in combination with 5-HT3 receptor antagonists and dexamethasone. Olanzapine may also be used in combination with 5-HT3 receptor antagonists, dexamethasone, and/or NK1 receptor antagonists.
  - Examples of high emetic risk chemotherapy: carmustine, cisplatin, cyclophosphamide ≥ 1,500 mg/m², dacarbazine, dactinomycin, mechlorethamine, streptozocin.
- **Breakthrough emesis:** Per NCCN, an agent from a different drug class is recommended to be added to the current antiemetic regimen. Drug classes include atypical antipsychotics (olanzapine), benzodiazepines (lorazepam), cannabinoids (dronabinol, nabilone), phenothiazines (prochlorperazine, promethazine), 5-HT3 receptor antagonists (dolasetron, ondansetron, granisetron), steroids (dexamethasone), or (haloperidol, metoclopramide, scopolamine). An NK1 receptor antagonist may be added to the prophylaxis regimen of the next chemotherapy cycle if not previously included.
V. Dosage and Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
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<tbody>
<tr>
<td>Prevention of nausea and vomiting associated</td>
<td>Adults: 0.25 mg IV given 30 min prior to chemotherapy</td>
<td>Adults: 0.25 mg/dose</td>
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<tr>
<td>with cancer chemotherapy</td>
<td>Pediatrics (1 month to less than 17 years): 20 mcg/kg (max 1.5 mg) IV given 30 min prior to chemotherapy</td>
<td>Pediatrics: 1.5 mg/dose</td>
</tr>
<tr>
<td>Prevention and treatment of postoperative</td>
<td>Adults: 0.075 mg IV immediately before the induction of the anesthesia</td>
<td>0.075 mg/dose</td>
</tr>
<tr>
<td>nausea and vomiting</td>
<td>Efficacy beyond 24 hours has not been demonstrated.</td>
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</tbody>
</table>

VI. Product Availability

Single-use vial for injection: 0.25 mg/5 mL, 0.075 mg/1.5 mL

VII. References


Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>J2469</td>
<td>Injection, palonosetron HCl, 25 mcg</td>
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Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>P&amp;T Approval Date</th>
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<tbody>
<tr>
<td>05.15.18</td>
<td>08.18</td>
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3Q 2018 annual review: new policy created. Split from CP.CPA. 223 Antiemetics – 5-HT3 Receptor Antagonist into individual policies; generalized trial and failure for all indications to a 5-HT3 antagonist (ondansetron is preferred); added age requirement for PONV per FDA indication; modified approval duration for PONV to one time approval and limited to evaluation by initial criteria only; modified approval duration for chemotherapy-induced N/V to duration of chemotherapy up to 72 hours after completion; references reviewed and updated.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to
recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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