SmartPA Criteria Proposal

Drug/Drug Class:	Antiemetics, 5-HT3 and NK1 Injectables PDL Edit
First Implementation Date:	October 1, 2020
Proposed Date:	December 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The 5-HT3 receptor antagonists are indicated for the prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy. Neurokinin-1 (NK1) receptor antagonists have indications that include prevention and treatment of nausea and vomiting associated with chemotherapy and radiotherapy and post-operative nausea and vomiting. The management of chemotherapy-induced nausea and vomiting is a critical aspect of treating cancer patients. The advent of agents within this therapeutic class was a significant breakthrough for the practice of oncology. However, because of the increased cost of these products, it is essential that therapy is appropriately monitored, and prudently utilized for the appropriate patient population.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Fosaprepitant • Ondansetron Amp/Syringe/Vial • Palonosetron Vial	• Akynzeo® Vial • Aloxi® • **Barhemsys®** • Cinvanti® • Emend® Vial • Granisetron Vial • Palonosetron Syringe • Sustol® • Varubi® • Zofran® Vial

Type of Criteria: ☐ **Increased risk of ADE** ☒ **Preferred Drug List**
☒ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Antiemetics, 5-HT3 and NK1 Injectables
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 2 or more preferred agents **in the past 3 months**
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Lack of adequate trial on required preferred agents
- Claim exceeds maximum dosing limitations for the following:

Drug Description	Generic Equivalent	Max Dosing Limitations
ALOXI 0.25 MG/5 ML	PALONOSETRON	5 mL per day

Required Documentation

Laboratory Results:		Progress Notes:	X
MedWatch Form:		Other:	

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

6 months

References

- Evidence-Based Medicine and Fiscal Analysis: "Antiemetic Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: "Antiemetics – 5-HT3, THC Derivatives, NK1 & Other Agents", UMKC-DIC; September 2021.
- USPDI, Micromedex; 2021.
- Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.