



## Missouri Pharmacy Program – Preferred Drug List



### Antiemetic Agents

Effective 07/05/2007

Revised 04/05/2018

#### Preferred Agents

- Diclegis ER Tablets
- Ondansetron ODT
- Ondansetron Solution
- Ondansetron Tablets

#### Non-Preferred Agents

Available with Clinical Edits

- Akynzeo® Capsules
- Anzemet® Tablets
- Cesamet® Capsules
- Emend® Oral Capsules/Susp
- Granisetron Oral Tablets
- Metoclopramide Tablets/Soln
- Metoclopramide ODT
- Metozolov ODT®
- Reglan® Tablets
- Sancuso® Transdermal Patch
- Varubi® Tablets
- Zofran® Tablets/Soln/ODT
- Zuplenz® Oral Film

### Approval Criteria

- Emend therapy
  - Maximum quantity 3 doses per chemotherapy course
  - Maximum quantity 1 dose within 3 hours prior to inductions of anesthesia
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030