



## Missouri Pharmacy Program – Preferred Drug List



### Antiemetics – 5-HT<sub>3</sub> Agents & Other

Effective 07/05/2007

Revised 04/04/2019

#### Preferred Agents

- **Aprepitant**
- Metoclopramide Soln/Tab
- Ondansetron Soln/Tab
- Ondansetron ODT

#### Non-Preferred Agents

- Akynzeo®
- Aloxi®
- Anzemet®
- Bonjesta®
- Cinvanti®
- **Diclegis®**
- Emend® Cap/Susp/Vial
- Emend® Pack/Pwd Packet
- Granisetron Tab
- Metoclopramide ODT
- Palonosetron IV/Syr
- Reglan®
- Sancuso®
- Sustol® ER Inj
- Varubi® Tabs/Vial
- Zofran®
- Zuplenz®

### Approval Criteria

- Aprepitant oral therapy
  - Maximum quantity of 3 doses per chemotherapy course
  - Maximum quantity 1 dose within 3 hours prior to induction of anesthesia
- Diclegis
  - Trial of doxylamine OTC
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period of preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

## Denial Criteria

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