### 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

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fosaprepitant</td>
<td>• Akynzeo® Vial</td>
</tr>
<tr>
<td>• Ondansetron Amp/Syringe/Vial</td>
<td>• Aloxi®</td>
</tr>
<tr>
<td>• Palonosetron Vial</td>
<td>• Barhemsys®</td>
</tr>
<tr>
<td>• Cinvanti®</td>
<td>• Emend® Vial</td>
</tr>
<tr>
<td>• Granisetron Vial</td>
<td>• Granisetron Vial</td>
</tr>
<tr>
<td>• Palonosetron Syringe</td>
<td>• Sustol®</td>
</tr>
<tr>
<td>• Varubi®</td>
<td>• Zofran® Vial</td>
</tr>
</tbody>
</table>

**Type of Criteria:** ☒ Preferred Drug List

**Data Sources:** ☒ Databases + Prescriber-Supplied

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**Drug/Drug Class:** Antiemetics, 5-HT3 and NK1 Injectables PDL Edit

**First Implementation Date:** October 1, 2020

**Revised Date:** April 7, 2022

**Prepared For:** MO HealthNet

**Prepared By:** MO HealthNet/Conduent

**Criteria Status:** ☒ Revision of Existing Criteria

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*SmartPA PDL Proposal Form*

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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:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOXI 0.25 MG/5 ML</td>
<td>PALONOSETRON</td>
<td>5 mL per day</td>
</tr>
</tbody>
</table>

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

- USPDI, Micromedex; 2021.
- Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.