

Antiemetics

Goal(s):

- Promote use of preferred antiemetics.
- Restrict use of costly antiemetics agents for OHP-funded conditions appropriate indications.
- ~~Restrict inappropriate chronic use.~~
- ~~For patients receiving chemotherapy or radiation, approve a quantity sufficient for 3 days beyond the duration of treatment.~~

Length of Authorization:

- Up to 6 months, ~~or variable depending on chemotherapy~~

Requires PA:

- Non-preferred drugs will be subject to PA criteria
- ~~Preferred drugs when quantity limit exceeded (Table 1)~~

Table 1. Quantity Limits for Antiemetic Drugs.

Drug	Trade Name	Dose Limits
5-HT3 Receptor Antagonists		
Ondansetron	Zofran, Zuplenz, generic formulations	12 doses/ 7 days
Dolasetron	Anzemet	1 dose/ 7 days
Granisetron	Sancuso transdermal	1 patch / 7 days
	Generic oral	1 dose/ 7 days
Substance P/neurokinin 1 (NK1) Receptor Antagonists		
Aprepitant	Emend	3 doses/ 7 days
Rolapitant	Varubi	1 dose/ 7 days
Substance P/neurokinin 1 (NK1) Receptor Antagonists and 5-HT3 Receptor Antagonists Combinations		
Netupitant/palonosetron	Akynzee	1 dose/ 7 days
Cannabinoid Receptor Agenist		
Dronabinol	Marinol	2.5 mg and 5 mg = 3 doses/day 10 mg = 2 doses/day

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org
- ~~Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org~~
- ~~Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/~~

Approval Criteria

1. What is the diagnosis being treated?	Record ICD10 Code.	
Is the diagnosis funded by OHP?	Yes: Go to #3	No: Pass to RPh. Deny; not funded by the OHP
Is the requested drug preferred?	Yes: Go to #5	No: Go to #4

<p>2. Will the prescriber consider a change to the preferred product?</p> <p>Note/Message:</p> <ul style="list-style-type: none"> Preferred products do not require a PA unless they exceed dose limits in Table 1. Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics <u>(P&T)</u> Committee. 	<p>Yes: Inform prescriber of covered alternatives in class, and dose limits. If dose exceeds limits, go to #5.</p>	<p>No: Go to #35</p>
<p>3. Is the request for doxylamine/pyridoxine (Diclegis® <u>or Bonjesta</u>) for pregnancy-related nausea or vomiting?</p>	<p>Yes: Go to #<u>46</u></p>	<p>No: Go to #<u>57</u></p>
<p>4. Has the patient failed a trial of pyridoxine?</p> <p>Note/Message:</p> <ul style="list-style-type: none"> Preferred pyridoxine-vitamin B products do not require a PA. and Preferred products are <u>evidence-based</u> reviewed for comparative effectiveness and safety by the Pharmacy and Therapeutics <u>(P&T)</u> Committee. 	<p>Yes: Approve for up to 3 months</p>	<p>No: Pass to RPh; deny and recommend a trial of pyridoxine.</p>
<p>5. Is the request for dronabinol (<u>Marinol®</u>)?</p>	<p>Yes: Go to #<u>68</u></p>	<p>No: Go to #<u>79</u></p>
<p>6. Does the patient have anorexia associated with HIV/AIDS?</p>	<p>Yes: Approve for up to 6 months. *Apply quantity limit for drugs listed in Table 1.</p>	<p>No: Go to #<u>79</u></p>
<p>7. Does the patient have a cancer diagnosis AND receiving chemotherapy or radiation?</p>	<p>Yes: <u>Approve for up to 6 months. Approve for 3 days beyond length of chemotherapy regimen or radiation (not subject to quantity limits)</u></p>	<p>No: Go to #<u>810</u></p>
<p>8. Does patient have refractory nausea/vomiting that has resulted in hospitalizations or ED visits in the past 6 months?</p>	<p>Yes: Approve for up to 6 months. *(not subject to quantity limits)</p>	<p>No: Go to #<u>914</u></p>
<p>9. Has the patient tried and failed, or have contraindications, to at least 2 preferred antiemetics?</p>	<p>Yes: Approve for up to 6 months. *Apply quantity limit for drugs listed in Table 1.</p>	<p>No: Pass to RPh. Deny; medical appropriateness. Must trial at least 2 preferred antiemetics</p>

* If the request is for dronabinol (Marinol®) do not exceed 3 doses/day for 2.5 mg and 5 mg strengths and 2 doses/day for the 10 mg strength.

P&T/DUR Review: 7/17 (KS); 1/17-~~(DM)~~; 1/16; 11/14; 9/09; 2/06; 2/04; 11/03; 9/03; 5/03; 2/03

Implementation: TBD; 4/1/17; 2/12/16; 1/1/15; 1/1/14; 1/1/10; 7/1/06; 3/20/06; 6/30/04; 3/1/04; 6/19/03; 4/1/03