



Original Effective Date: 12/02/2020  
 Current Effective Date: 01/31/2024  
 Last P&T Approval/Version: 01/31/2024  
 Next Review Due By: 01/2025  
 Policy Number: C20780-A

## Antiemetics

### PRODUCTS AFFECTED

Akynzeo (fosnetupitant/palonosetron; netupitant/palonosetron), Aloxi (palonosetron), Anzemet (dolasetron), Aponvie (aprepitant), aprepitant, Cinvanti (aprepitant), Emend (aprepitant/fosaprepitant), fosaprepitant, granisetron, palonosetron, Sancuso (granisetron) patch, Sustol (granisetron) PFS, Varubi (rolapitant)

### COVERAGE POLICY

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

#### **Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

#### **DIAGNOSIS:**

Chemotherapy-induced nausea/vomiting (CINV) prophylaxis, Post-operative nausea/vomiting (PONV) prophylaxis

#### **REQUIRED MEDICAL INFORMATION:**

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

## Drug and Biologic Coverage Criteria

### A. CHEMOTHERAPY INDUCED NAUSEA/VOMITING PROPHYLAXIS:

1. Documentation of the treatment plan including the names all of chemotherapy and or radiation agents, frequency, length, cycle and duration of therapy  
AND
2. Product being requested has an FDA labeled indication or compendia supported use for diagnosis, age, and dose  
AND
3. Prescriber attests that medication will be used in combination (when indicated per FDA label or guideline) with other antiemetic agents (5HT3 antagonist) OR used in combination with corticosteroid such a dexamethasone, unless documentation of contraindication to dexamethasone is provided, per FDA label or NCCN guideline  
AND
4. Prescriber attests that medication will NOT be used with additional agents if FDA label or guideline does not support concurrent therapy  
AND
5. Prescriber attests to review of concurrent medication therapy for drug-drug interactions  
AND
6. FOR ALOXI, ANZEMET ONLY: FOR HIGH EMETIC IV CHEMOTHERAPY AND CONCURRENTLY RECEIVING APREPITANT OR FOSAPREPITANT ONLY: Documentation of trial and failure or labeled contraindication of preferred serotonin-receptor antagonists (ondansetron and granisetron)  
AND
7. FOR SANCUSO AND SUSTOL: Documentation of trial and failure or labeled contraindication of preferred serotonin-receptor antagonist [ondansetron and granisetron (any dosage form)]  
AND
8. FOR VARUBI ONLY: (a) Documentation that the member has experienced inadequate response or contraindication to aprepitant/ fosaprepitant AND generic oral ondansetron OR generic oral granisetron with dexamethasone AND (b) Prescriber attests that Varubi (rolapitant) will not be administered any less than a 2-week interval between doses

*NOTE: the proper succession for these criteria can be found within compendia monographs, FDA label or NCCN guidelines; If compendia monographs, FDA label or NCCN guidelines have a formulary/preferred product at therapeutic parity with requested agent a formulary/preferred product should be used first where state regulations allow. Molina reviewers and delegates will comply with all regulations and requirements applicable to the review of the request, providing exception to our standard criteria as may be required under state regulations and requirements.*

### B. POST-OPERATIVE NAUSEA/VOMITING PROPHYLAXIS:

1. Documentation of expected surgery date (within the next 30 days)  
AND
2. Product being requested has an FDA labeled indication or compendia supported use for diagnosis, age and dose  
AND
3. Prescriber attestation to a historical trial and failure or labeled contraindication to preferred serotonin-receptor antagonists (ondansetron and IV granisetron)

### CONTINUATION OF THERAPY:

#### A. CHEMOTHERAPY INDUCED NAUSEA/VOMITING PROPHYLAXIS:

1. Documentation of continuation of chemotherapy requiring antiemetics.  
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity or development of contraindications (e.g., hypersensitivity reactions, serotonin syndrome, etc.)

## Drug and Biologic Coverage Criteria

B. POST-OPERATIVE NAUSEA/VOMITING PROPHYLAXIS: N/A Must submit new request

### **DURATION OF APPROVAL:**

Post-Operative nausea/vomiting prophylaxis: Initial authorization: One-time authorization, Continuation of Therapy: N/A

Chemotherapy Induced Nausea/Vomiting Prophylaxis: Initial authorization: 3 months (or length of chemotherapy or radiation therapy, whichever is shorter), Continuation of Therapy: 6 months (or length of chemotherapy or radiation, whichever is shorter)

### **PRESCRIBER REQUIREMENTS:**

No requirements

### **AGE RESTRICTIONS:**

Akynzeo (fosnetupitant/palonosetron; netupitant/palonosetron): 18 years of age or older

Aloxi (palonosetron): Highly and moderately emetogenic cancer chemotherapy (HEC, MEC): 1 month of age and older; Postoperative nausea and vomiting (PONV) for up to 24 hours following surgery: 18 years and older

Anzemet (dolasetron): 2 years of age and older

Aponvie (aprepitant): 18 years of age and older

Cinvanti: 18 years of age or older

Emend oral suspension or injection: 6 months of age or older

Emend capsules: 12 years of age or older

Granisetron: 2 years of age and older

Sancuso: 18 years of age and older

Sustol (granisetron ER inj): 18 years of age and older

Varubi (rolapitant): 18 years of age and older

### **QUANTITY:**

Akynzeo (fosnetupitant/palonosetron; netupitant/palonosetron): Maximum 1 day per cycle of chemotherapy

Aloxi (palonosetron): FOR CINV PROPHYLAXIS: Adults: (0.25mg/5ml) 1 vial per 7-day supply or 1 capsule one hour prior to the start of chemotherapy, Pediatrics <17 years of age: 20 mcg/kg IV single dose up to a maximum dose of 1500mcg; FOR PONV: 0.075mg approved ONCE per authorization

Anzemet (dolasetron): Adults – 100mg given within 1 hour before chemotherapy; Pediatric patients 2-16: 1.8 mg/kg given within 1 hour before chemotherapy up to a maximum of 100mg

Aponvie (aprepitant): 32mg IV injection ONCE per authorization

Cinvanti (aprepitant): 130 mg on Day 1 for HEC and MEC (single-dose regimen), or 100 mg on Day 1 for MEC (3-day regimen).

Emend (aprepitant capsules, oral suspension), Emend (fosaprepitant inj): CINV: oral suspension or capsules: Dose does not exceed 125 mg on Day 1, followed by 80mg on Days 2 and 3 per chemotherapy cycle; injection: 150 mg on Day 1; [Pediatric doses are weight based and should follow FDA label for members 6 months to 12 years of age]

Emend (aprepitant capsules): PONV: Dose does not exceed 40 mg (1 capsule) once.

Granisetron tablets: up to a maximum of 60 tablets/30 days

Sancuso (granisetron patches), Sustol (granisetron ER inj.), and granisetron injection: quantity not to exceed FDA label per indication

Varubi (rolapitant): 180 mg on day 1 of chemo every 14 days

*Quantities above the plan limit for chemotherapy induced nausea/vomiting will be approved when ONE of the following is met:*

- 1. The member has cancer chemotherapy related nausea and vomiting and will be receiving chemotherapy more than 7 days per month*  
*OR*
- 2. The member has delayed emesis in highly emetogenic*

## Drug and Biologic Coverage Criteria

chemotherapy OR

3. The member has radiation therapy induced nausea and vomiting and radiation treatment that extends beyond 7 days per month  
OR
4. The prescriber has submitted documentation in support of the requested therapeutic use and quantity for the requested medication which has been reviewed and approved by the Clinical Review pharmacist

### PLACE OF ADMINISTRATION:

The recommendation is that oral and transdermal medications in this policy will be for pharmacy benefit coverage and patient self-administered.

The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-inpatient hospital facility-based location.

## DRUG INFORMATION

### ROUTE OF ADMINISTRATION:

Oral, Intravenous, Transdermal

### DRUG CLASS:

Antiemetics

### FDA-APPROVED USES:

AKYNZEO (netupitant and palonosetron) **capsules** is indicated:

In combination with dexamethasone in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.

AKYNZEO (fosnetupitant and palonosetron) **for injection** is indicated:

In combination with dexamethasone in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy.

*Limitations of Use: AKYNZEO for injection and AKYNZEO injection have not been studied for the prevention of nausea and vomiting associated with anthracycline plus cyclophosphamide chemotherapy.*

ALOXI (palonosetron) indicated in:

Adults for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately and highly emetogenic cancer chemotherapy (MEC) or (HEC), postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. *Efficacy beyond 24 hours has not been demonstrated*

Pediatric patients aged 1 month to less than 17 years for prevention of: acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy (HEC)

ANZEMET (dolasetron) is indicated for:

The prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses in adults and children 2 years and older

APONVIE (aprepitant) is indicated for:

The prevention of postoperative nausea and vomiting (PONV) in adults.

*Limitations of use: Aponvie has not been studied for treatment of established nausea and vomiting.*

## Drug and Biologic Coverage Criteria

CINVANTI (aprepitant) is indicated:

In adults, in combination with other antiemetic agents, for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin as a single-dose regimen, and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen, and nausea and vomiting associated with initial and repeat courses of MED as a 3-day regimen.

*Limitations of Use: CINVANTI has not been studied for treatment of established nausea and vomiting.*

EMEND (aprepitant) for **oral suspension** is indicated:

In combination with other antiemetic agents, in patients **6 months of age and older** for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin or moderately emetogenic cancer chemotherapy (MEC)

EMEND (aprepitant) **capsules** is indicated:

In combination with other antiemetic agents, in patients **12 years of age and older** for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin or moderately emetogenic cancer chemotherapy (MEC)

*Limitations of Use: EMEND has not been studied for treatment of established nausea and vomiting. Chronic continuous administration of EMEND is not recommended.*

EMEND (fosaprepitant) for **injection** is indicated:

In adults and pediatric patients 6 months of age and older, in combination with other antiemetic agents, for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin or moderately emetogenic cancer chemotherapy (MEC)

*Limitations of use: Emend has not been studied for treatment of established nausea and vomiting.*

GRANISETRON is indicated for:

Prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy, including high-dose cisplatin, and the prevention and treatment of postoperative nausea and vomiting in adults.

SANCUSO (granisetron transdermal) is indicated:

For prevention of nausea and vomiting in adults receiving moderately and/or highly emetogenic chemotherapy for up to 5 consecutive days.

SUSTOL (granisetron) ER inj. is indicated:

In combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens.

VARUBI (rolapitant) is indicated:

In combination with other antiemetic agents in adults for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy

### COMPENDIAL APPROVED OFF-LABELED USES:

None

**APPENDIX**

**APPENDIX:**

*Antiemetics: ASCO Guideline Update J Clin Oncol 38:2782-2797. © 2020 by American Society of Clinical Oncology*

**Emetic Risk of Single Intravenous Antineoplastic Agents in Adults**

**Risk Level High (>90%)**

Anthracycline/cyclophosphamide combination	Dacarbazine
Carmustine	Mechlorethamine
Cyclophosphamide > 1,500 mg/m <sup>2</sup>	Streptozocin

**Moderate (30%-90%)**

Alemtuzumab	Doxorubicin
Arsenic trioxide	Epirubicin
Azacitidine	Fam-trastuzumabderuxtecan-nxki
Bendamustine	Idarubicin
Busulfan	Ifosfamide
Carboplatin	Irinotecan
Clofarabine	Irinotecan liposomal injection
Cyclophosphamide, 1,500mg/m <sup>2</sup>	Oxaliplatin
Cytarabine 1,000 mg/m <sup>2</sup>	Romidepsin
Daunorubicin	Temozolomide
Daunorubicin and cytarabine liposome	Thiotepab
	Trabected

**Low (10%-30%)**

Aflibercept	Ixabepilone
Axicabtagene ciloleucel	Methotrexate
Belinostat	Mitomycin
Blinatumomab	Mitoxantrone
Bortezomib	Moxetumomab
Brentuximab	pasudotox
Cabazitaxel	Nab-paclitaxel
Carfilzomib	Necitumumab
Catumaxumab	Nelarabine
Cetuximab	Paclitaxel
Copanlisib	Panitumumab
Cytarabine # 1,000 mg/m <sup>2</sup>	Pegylated
Decitabine	liposomal
Docetaxel	doxorubicin
Elotuzumab	Pemetrexed
Enfortumab vedotin-ejfv	Pertuzumab
Eribulin	Tagraxofusp-erzs
Etoposide	Temsirolimus
Fluorouracil	Tisagenlecleucel
Gemcitabine	Topotecan
Gemtuzumab ozogamicin	Trastuzumab-emtansine
Inotuzumab ozogamicin	Vinflunine

**Minimal (<10%)**

Atezolizumab	Nivolumab
Avelumab	Obinutuzumab
Bevacizumab	Ofatumumab
Bleomycin	Pembrolizumab
Cemiplimab	Pixantrone
Chlorodeoxyadenosine	Polatuzumab vedotin

## Drug and Biologic Coverage Criteria

Cladribine	Pralatrexate
Daratumumab	Ramucirumab
Durvalumab	Rituximab
Emapalumab	Trastuzumab
Fludarabine	Vinblastine
Ipilimumab	Vincristine
	Vinorelbine

### Emetic Risk of Single, Oral Antineoplastic Agents in Adults

#### Moderate or high ( $\geq 30\%$ )

Abemaciclib	Lenvatinib
Avapritinib	Lomustine
Bosutinib	Midostaurin
Cabozantinib	Niraparib
Ceritinib	Procarbazine
Crizotinib	Ribociclib
Cyclophosphamide	Rucaparib
Enasidenib	Selinexor
Fedratinib	TAS-102 (trifluridine-tipiracil)
Hexamethylmelamine	Temozolomide
Imatinib	Vinorelbine

#### Minimal or low ( $< 30\%$ )

6-Thioguanine	Lapatinib
Acalabrutinib	Larotrectinib
Afatinib	Lenalidomide
Alectinib	Lorlatinib
Alpelisib	Melphalan
Axitinib	Methotrexate
Bexarotene	Neratinib
Brigatinib	Nilotinib
Capecitabine	Olaparib
Chlorambucil	Osimertinib
Cobimetinib	Palbociclib
Dabrafenib	Panobinostat
Dacomitinib	Pazopanib
Dasatinib	Pexidartinib
Duvelisib	Pomalidomide
Encorafenib	Ponatinib
Entrectinib	Regorafenib
Erdafitinib	Ruxolitinib
Erlotinib	Sonidegib
Estramustine	Sorafenib
Etoposide	Sunitinib
Everolimus	Talazoparib
Fludarabine	Tazemetostat
Gefitinib	Tegafur-Uracil
Gilteritinib	Thalidomide
Glasdegib	Topotecan
Hydroxyurea	Trametinib
Ibrutinib	Vandetanib
Idelalisib	Vemurafenib
Ivosidenib	Venetoclax
Ixazomib	Vismodegib
	Vorinostat
	Zanubrutinib

## BACKGROUND AND OTHER CONSIDERATIONS

### BACKGROUND:

None

### CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of antiemetics are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

Contraindications to Akynzeo (fosnetupitant-palonosetron; netupitant-palonosetron) include: No labeled contraindications

Contraindications to Aloxi (palonosetron) include: Hypersensitivity to palonosetron

Contraindications to Anzemet (dolasetron) include: Patients known to have hypersensitivity to the drug

Contraindications to Aponvie (aprepitant) include: Known hypersensitivity to any component of the product, concurrent use with pimoizide, avoid concomitant use with strong CYP3A4 inhibitors (ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, nelfinavir) and strong CYP3A4 inducers (rifampin, carbamazepine, phenytoin), avoid use in pregnant women (due to the alcohol content).

Contraindications to Cinvanti (aprepitant) include: Known hypersensitivity to any component of the drug, concurrent use with pimoizide, avoid concomitant use with moderate to strong CYP3A4 inhibitors (diltiazem, ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, nelfinavir) and strong CYP3A4 inducers (rifampin, carbamazepine, phenytoin)

Contraindications to Emend (aprepitant, fosaprepitant) include: Known hypersensitivity to any component of the drug, concurrent use with pimoizide, avoid concomitant use with moderate to strong CYP3A4 inhibitors (diltiazem, ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, nelfinavir) and strong CYP3A4 inducers (rifampin, carbamazepine, phenytoin)

Contraindications to Granisetron include: Patients with known hypersensitivity to the drug or any of its components

Contraindications to Sancuso (granisetron) include: Known hypersensitivity to granisetron or to any of the components of the transdermal system

Contraindications to Sustol (granisetron) include: Hypersensitivity to granisetron, any of the components of Sustol, or to any of the other 5-HT<sub>3</sub> receptor antagonists

Contraindications to Varubi (rolapitant) include: Patients taking CYP2D6 substrates with a narrow therapeutic index (e.g., thioridazine and pimoizide), and pediatric patients less than 2 years of age because of irreversible impairment of sexual development and fertility in juvenile rats, avoid in patients who require chronic administration of strong CYP3A4 inducers (e.g., rifampin)

### OTHER SPECIAL CONSIDERATIONS:

Serotonin syndrome has been reported with 5-HT<sub>3</sub> receptor antagonists alone but particularly with concomitant use of serotonergic drugs.

Emend for oral suspension should be prepared by healthcare provider. Once prepared, it may be administered either by a healthcare provider, patient, or caregiver.

Sustol is intended for subcutaneous injection by a health care provider.

## CODING/BILLING INFORMATION

*Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement*



HCPDS CODE	DESCRIPTION
J1454	Injection, fosnetupitant 235mg/ palonosetron 0.25mg
J2469	Injection, palonosetron, 25mcg
J0185	Injection, aprepitant, 1 mg
J1453	Injection, fosaprepitant, 1 mg
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg
J3490 (C9145)	Unclassified drug (Aponvie)
J1627	Injection, granisetron, extended-release, 0.1 mg

**AVAILABLE DOSAGE FORMS:**

- |  |                                      |
|--|--------------------------------------|
| Akynzeo (Ready-to-Use) SOLN 235-0.25MG/20ML  | Emend CAPS 80MG                      |
| Akynzeo (To-be-Diluted) SOLN 235-0.25MG/20ML | Emend SOLR 150MG                     |
| Akynzeo CAPS 300-0.5MG                       | Emend SUSR 125MG/5ML                 |
| Akynzeo SOLR 235-0.25MG                      | Emend Tri-Pack CAPS 80 & 125MG       |
| Aloxi SOLN 0.25MG/5ML                        | Fosaprepitant Dimeglumine SOLR 150MG |
| Anzemet TABS 100MG                           | Granisetron HCl SOLN 1MG/ML          |
| Anzemet TABS 50MG                            | Granisetron HCl SOLN 4MG/4ML         |
| Aponvie EMUL 32MG/4.4ML                      | Granisetron HCl TABS 1MG             |
| Aprepitant CAPS 125MG                        | Palonosetron HCl SOLN 0.25MG/2ML     |
| Aprepitant CAPS 40MG                         | Palonosetron HCl SOLN 0.25MG/5ML     |
| Aprepitant CAPS 80 & 125MG                   | Palonosetron HCl SOSY 0.25MG/5ML     |
| Aprepitant CAPS 80MG                         | Sancuso PTCH 3.1MG/24HR              |
| Aprepitant MISC 80 & 125MG                   | Sustol PRSY 10MG/0.4ML               |
| Cinvanti EMUL 130MG/18ML                     | Varubi (180 MG Dose) TBPK 2 x 90MG   |
| Emend CAPS 40MG                              |                                      |

**REFERENCES**

1. Aloxi (palonosetron) capsules [prescribing information]. Iselin, NJ: Helsinn Therapeutics (US) Inc; April 2020.
2. Aloxi (palonosetron) injection [prescribing information]. Iselin, NJ: Helsinn Therapeutics (US) Inc; April 2020.
3. Akynzeo (netupitant and palonosetron) capsules, (fosnetupitant and palonosetron) for injection for intravenous use, (fosnetupitant and palonosetron) injection for intravenous use) [prescribing information]. Iselin, NJ: Helsinn Therapeutics (US) Inc; February 2023.
4. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology. [https://www.nccn.org/professionals/physician\\_gls](https://www.nccn.org/professionals/physician_gls)
5. Aprepitant [prescribing information]. Princeton, NJ: Sandoz Inc; December 2020.
6. Cinvanti (aprepitant IV) [prescribing information]. San Diego, CA: Heron Therapeutics; March 2022.
7. Emend (aprepitant) capsules, oral suspension [prescribing information]. Rahway, NJ: Merck Sharp & Dohme LLC; May 2022.
8. Emend (fosaprepitant) for injection [prescribing information]. Rahway, NJ: Merck Sharp & Dohme LLC; May 2022.
9. Sancuso (granisetron transdermal) [prescribing information]. Bedminster, NJ: Kyowa Kirin; July 2022.
10. Sustol (granisetron) extended-release injection, for subcutaneous use [prescribing information]. San Diego, CA: Heron Therapeutics; May 2023.
11. Varubi (rolapitant) tablets [prescribing information]. Deerfield, IL: TerSera Therapeutics LLC; August 2020.
12. Anzemet (dolasetron) tablets [prescribing information]. Parsippany, NH: Validus Pharmaceuticals LLC;

Drug and Biologic Coverage Criteria  
June 2021.

13. Aponvie (aprepitant) injectable emulsion for intravenous use [prescribing information]. San Diego, CA: Heron Therapeutics, Inc.; September 2022.
14. Hesketh, P. J., Kris, M. G., Basch, E., Bohlke, K., Barbour, S. Y., Clark-Snow, R. A., Danso, M. A., Dennis, K., Dupuis, L. L., Dusetzina, S. B., Eng, C., Feyer, P. C., Jordan, K., Noonan, K., Sparacio, D., & Lyman, G. H. (2020). Antiemetics: ASCO Guideline Update. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 38(24), 2782–2797. <https://doi.org/10.1200/JCO.20.01296>
15. Gan, T. J., Belani, K. G., Bergese, S., Chung, F., Diemunsch, P., Habib, A. S., Jin, Z., Kovac, A. L., Meyer, T. A., Urman, R. D., Apfel, C. C., Ayad, S., Beagley, L., Candiotti, K., Englesakis, M., Hedrick, T. L., Kranke, P., Lee, S., Lipman, D., Minkowitz, H. S., ... Philip, B. K. (2020). Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting. *Anesthesia and analgesia*, 131(2), 411–448. <https://doi.org/10.1213/ANE.0000000000004833>
16. National Comprehensive Cancer Network. 2022. Antiemesis (Version 2.2022). [online] Available at: [antiemesis.pdf \(nccn.org\)](https://www.nccn.org/pdf/antiemesis.pdf) [Accessed 29 November 2022].
17. National Comprehensive Cancer Network. 2023. Antiemesis (Version 2.2023). [online] Available at: [antiemesis.pdf \(nccn.org\)](https://www.nccn.org/pdf/antiemesis.pdf) [Accessed 12 December 2023].

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy FDA-Approved Uses Compendial Approved Off- Labeled Uses Other Special Considerations Available Dosage Forms References	Q1 2024
REVISION- Notable revisions: Products Affected Age Restrictions Quantity FDA-Approved Uses Contraindications/Exclusions/Discontinuation Coding/Billing Information Available Dosage Forms References	Q3 2023
REVISION- Notable revisions: Products Affected Diagnosis Required Medical Information Continuation of Therapy Age Restrictions Quantity FDA-Approved Uses Contraindications/Exclusions/Discontinuation Other Special Considerations Coding/Billing Information Available Dosage Forms References	Q1 2023
Q2 2022 Established tracking in new format	Historical changes on file