

Family of health care plans



PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

AKYNZEO CAPSULES (netupitant/palonosetron)

AKYNZEO INJECTION (fosnetupitant/palonosetron)

Status: CVS Caremark Criteria Type: Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Akynzeo 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 capsules is a combination of palonosetron and netupitant: palonosetron prevents nausea and vomiting during the acute phase and netupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy.

Akynzeo 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. Akynzeo for injection is a combination of palonosetron and fosnetupitant, a prodrug of netupitant: palonosetron prevents nausea and vomiting during the acute phase and fosnetupitant prevents nausea and vomiting both the acute and delayed phase after cancer chemotherapy.

Limitations of Use

Akynzeo for injection has not been studied for the prevention of nausea and vomiting associated with anthracycline plus cyclophosphamide chemotherapy.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

• Akynzeo is being prescribed for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy

Quantity Limits apply.

POST LIMIT QUANTITY FOR APPROVAL

4 capsules or vials per 21 days* for 6 months

* The duration of 21 days is used for a 28-day fill period.

REFERENCES

1. Akynzeo [package insert]. Iselin, NJ: Helsinn Therapeutics.; April 2018.

Akynzeo Post Limit Policy 1212-J01-2018

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). ® Registered trademark of the Blue Cross and Blue Shield Association

- AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed January 2018.
- 3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed January 2018.
- 4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Antiemesis. V.2.2016. Available at: www.nccn.org. Accessed May 2018.