Clinical Policy: Rolapitant (Varubi)

Reference Number: PA.CP.PMN.102
Effective Date: 02.01.17
Last Review Date: 01.19

Revision Log

Description
Rolapitant (Varubi™) is a substance P/neurokinin 1 (NK1) receptor antagonist.

FDA Approved Indication(s)
Varubi 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.

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of health plans affiliated with PA Health & Wellness that Varubi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Prevention of Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all)**:**

1. Prescribed for the prevention of chemotherapy-induced nausea/vomiting;
2. Age ≥ 18 years;
3. Member is scheduled to receive moderately to highly emetogenic cancer chemotherapy (*see Appendix D*);
4. Failure of aprepitant, unless contraindicated or clinically significant adverse effects are experienced;
   **Prior authorization is required for aprepitant*
5. Prescribed in combination with a serotonin (5-HT_3) receptor antagonist (*ondansetron is preferred*) and dexamethasone;
6. Dose does not exceed:
   a. Oral: 180 mg (2 tablets) every 2 weeks;
   b. IV: 166.5 mg (1 vial) once every 2 weeks.

Approval duration: Projected duration of chemotherapy

B. Other diagnoses/indications

1. Refer to PA.CP.PMN.53.

II. Continued Therapy

A. Prevention of Nausea and Vomiting Associated with Cancer Chemotherapy (must meet all)**:**

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Member continues to receive moderately to highly emetogenic cancer chemotherapy (*see Appendix D*);
4. Prescribed in combination with a 5-HT3 receptor antagonist (*ondansetron is preferred*) and dexamethasone;
5. If request is for a dose increase, new dose does not exceed:
   a. Oral 180 mg (2 tablets) every 2 weeks;
   b. IV: 166.5 mg (1 vial) once every 2 weeks.

Approval duration: Projected duration of chemotherapy

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

5-HT3: serotonin 5-hydroxytryptamine, type 3
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
NK_1: neurokinin 1

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
aprepitant (Emend®)	125 mg PO on day 1 and 90 mg PO on days 2 and 3	125 mg/dose

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity to any component of this drug, including soybean oil

- CYP2D6 substrates with a narrow therapeutic index (e.g., thioridazine and pimozide)
- Boxed warning(s): none reported

Appendix D: American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN) Recommendations in Oncology

- Minimal emetic risk chemotherapy: No routine prophylaxis is recommended.
- Low emetic risk chemotherapy: Recommended options include dexamethasone (recommended by both ASCO and NCCN) or metoclopramide, prochlorperazine, or a 5-HT_3 receptor antagonist (recommended by NCCN only). NK_1 receptor antagonists are not included in low risk antiemetic recommendations.
- Moderate emetic risk chemotherapy: 5-HT_3 receptor antagonists and dexamethasone may be used in combination and with or without NK_1 receptor antagonists. Olanzapine may also be used in combination with palonosetron and dexamethasone.
  - Examples of moderate emetic risk chemotherapy: azacitidine, alemtuzumab, bendamustine, carboplatin, clofarabine, cyclophosphamide < 1,500 mg/m^2, cytarabine < 1,000 mg/m^2, daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, oxaliplatin
- High emetic risk chemotherapy: NK_1 receptor antagonists are recommended for use in combination with 5-HT_3 receptor antagonists and dexamethasone. Olanzapine may also be used in combination with 5-HT_3 receptor antagonists, dexamethasone, and/or NK_1 receptor antagonists.
  - Examples of high emetic risk chemotherapy: carmustine, cisplatin, cyclophosphamide ≥ 1,500 mg/m^2, dacarbazine, dactinomycin, mechlorethamine, streptozocin
- Breakthrough emesis: Per NCCN, an agent from a different drug class is recommended to be added to the current antiemetic regimen. Drug classes include atypical antipsychotics (olanzapine), benzodiazepines (lorazepam), cannabinoids (dronabinol, nabilone), phenothiazines (prochlorperazine, promethazine), 5-HT_3 receptor antagonists (dolasetron, ondansetron, granisetron), steroids (dexamethasone), or (haloperidol, metoclopramide, scopolamine). An NK_1 receptor antagonist may be added to the prophylaxis regimen of the next chemotherapy cycle if not previously included.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Prevention of chemotherapy-induced nausea and vomiting	180 mg PO or 166.5 mg IV as a single dose prior to the initiation of each chemotherapy, but at no less than 2 week intervals	180 mg (PO) or 166.5 mg (IV)/2 weeks

VI. Product Availability

- Tablets: 90 mg
- Single-dose vial, injectable emulsion: 166.5 mg/92.5 mL (1.8 mg/mL)

VII. References

1. Varubi Prescribing Information. Waltham, MA: Tesaro, Inc.; March 2018. Available at: www.varubirx.com. Accessed October 30, 2018.

2. Hesketh, PJ, Kris MG, Basch E, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol 2017: JCO2017744789.
3. National Comprehensive Cancer Network. Antiemesis Version 3.2018. Available at https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed October 30, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2019 annual review: added IV formulation; added requirement that Varubi is being prescribed for chemo-induced N/V; added age requirement; removed granisetron as a preferred agent per formulary; references reviewed and updated.	01/19	