Clinical Policy: Dolasetron (Anzemet)

Reference Number: PA.CP.PMN.141
Effective Date: 10.17.18
Last Review Date: 01.19

Revision Log

Description
Dolasetron (Anzemet®) is a serotonin (5-HT_3) receptor antagonist.

FDA Approved Indication(s)
Anzemet 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.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

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

I. Initial Approval Criteria

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

1. Prescribed for the prevention or treatment of chemotherapy-induced nausea/vomiting;
2. Age ≥ 2 years;
3. Member is scheduled to receive cancer chemotherapy (*see Appendix D*);
4. Failure of a formulary 5-HT_3 receptor antagonist (*ondansetron is preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 100 mg per day;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: Projected course of chemotherapy up to 72 hours after completion of chemotherapy

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

II. Continued Therapy

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

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously 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 cancer chemotherapy;
4. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 100 mg per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: Projected course of chemotherapy up to 72 hours after completion of chemotherapy

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

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously 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 the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

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-HT$_3$: serotonin 5-hydroxytryptamine, type 3
ASCO: American Society of Clinical Oncology
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network

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 for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
5-HT$_3$ Serotonin Antagonists		
Akynzeo® (fosnetupitant/ palonosetron)	**Prevention of nausea and vomiting associated with highly emetogenic chemotherapy** 1 vial IV given 30 min prior to chemotherapy on day 1	1 vial/ chemotherapy cycle
Akynzeo® (netupitant/ palonosetron)	**Prevention of nausea and vomiting associated with highly emetogenic chemotherapy** 1 capsule PO given 1 hour prior to initiation of chemotherapy on day 1 (in combination with	1 capsule or vial/chemotherapy cycle

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	dexamethasone) or 1 vial IV given 30 min prior to initiation of chemotherapy on day 1	
Aloxi® (palonosetron)	**Prevention of nausea and vomiting associated with chemotherapy** 0.25 mg IV given 30 min prior to chemotherapy	0.25 mg/day
granisetron (Kytril®)	**Prevention of nausea and vomiting associated with chemotherapy** Tablet: 2 mg PO QD given 1 hr prior to chemotherapy, or 1 mg PO BID (one dose given 1 hr prior to chemotherapy and then 12 hours later) Injection: 10 mcg/kg IV given within 30 min prior to chemotherapy (on days chemotherapy is given) **Treatment of nausea and vomiting associated with chemotherapy*** 1 to 2 mg PO daily or 1 mg PO BID or 0.01 mg/kg (maximum 1 mg) IV daily	PO: 2 mg/day IV: 10 mcg/kg/day
ondansetron (Zofran®, Zofran® ODT, Zuplenz®)	**Prevention of nausea and vomiting associated with moderately emetogenic chemotherapy** Age 12 years or older: 8 mg PO given 30 min prior to chemotherapy, then repeat dose 8 hrs after initial dose, then 8 mg PO BID for 1 to 2 days after chemotherapy completion Age 4 to 11 years: 4 mg PO given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose, then 8 mg PO TID for 1 to 2 days after chemotherapy completion **Prevention of nausea and vomiting associated with highly emetogenic chemotherapy** 24 mg PO given 30 min prior to start of single-day chemotherapy **Prevention of nausea and vomiting associated with emetogenic chemotherapy** 0.15 mg/kg/dose IV given 30 min prior to chemotherapy, then repeat dose 4 and 8 hrs after initial dose	PO: 24 mg/day IV: 16 mg/dose (up to 3 doses/day)

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	Treatment of nausea and vomiting associated with chemotherapy* 16 to 24 mg PO daily or 8 to 16 mg IV	
Sancuso® (granisetron)	**Prevention of nausea and vomiting associated with chemotherapy** Apply 1 patch at least 24 hrs prior to chemotherapy; may be applied up to 48 hrs after chemotherapy **Treatment of nausea and vomiting associated with chemotherapy*** Apply 1 patch every 7 days	1 patch/7 days
Sustol® (granisetron)	**Prevention of moderately emetogenic chemotherapy or anthracycline/cyclophosphamide chemotherapy** 10 mg SC given 30 min prior to chemotherapy on day 1 (in combination with other agents). Do not administer more frequently than once every 7 days.	10 mg/7 days

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.
**Off-label*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity to the drug
- 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 $\geq$ 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	Adults: 100 mg PO given within 1 hr before chemotherapy Pediatrics (age 2 to 16 years): 1.8 mg/kg PO given within 1 hr before chemotherapy	100 mg/day

VI. Product Availability

Tablets: 50 mg, 100 mg

VII. References

1. Anzemet Prescribing Information. Parsippany, NJ: Validus Pharmaceuticals LLC; June 2016. Available at: http://anzemet-tablets.com/wp-content/uploads/sites/10/2016/06/anzemet-tablets-pi.pdf. 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.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.
5. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed October 30, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
3Q 2018 annual review: new policy created - policy split from PA.CP.PMN.11 Oral Antiemetics into individual policies, added requirement that member is scheduled to receive or is receiving chemotherapy for initial and continuation approval, removed requirement that ondansetron must have been tried in the last 60	10.17.18	

Reviews, Revisions, and Approvals	Date	P&T Approval Date
days; modified commercial approval duration to be projected course of chemotherapy up to 72 hrs after completion; references reviewed and updated.		
1Q 2019 annual review: references reviewed and updated.	01.19	