Clinical Policy: Dolasetron (Anzemet)

Reference Number: ERX.NPA.83
Effective Date: 09.01.18
Last Review Date: 02.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

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.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ 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. Member meets one of the following (a or b):
   a. Failure of a formulary 5-HT_3 receptor antagonist (*ondansetron and granisetron are preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
   b. Request is for Stage IV or metastatic cancer for a State with regulations against step therapy in advanced oncology settings *(see Appendix E*);
5. Dose does not exceed 100 mg (1 tablet) per day.

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

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

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

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. Member continues to receive cancer chemotherapy;
4. If request is for a dose increase, new dose does not exceed 100 mg (1 tablet) per day.

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 a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 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 – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

5-HT_3: serotonin 5-hydroxytryptamine, type 3	FDA: Food and Drug Administration
ASCO: American Society of Clinical Oncology	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 and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
5-HT_3 Serotonin Antagonists		
Akynzeo® (fosnetupitant/ palonosetron)	1 vial IV given 30 min prior to chemotherapy on day 1	1 vial/ chemotherapy cycle
Akynzeo® (netupitant/ palonosetron)	1 capsule PO given 1 hour prior to initiation of chemotherapy on day 1 (in combination with dexamethasone) or 1 vial IV given 30 min prior to initiation of chemotherapy on day 1	1 capsule or vial/chemotherapy cycle
Aloxi® (palonosetron)	0.25 mg IV given 30 min prior to chemotherapy	0.25 mg/day
granisetron (Kytril®)	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)	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	PO: 24 mg/day IV: 16 mg/dose (up to 3 doses/day)

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 ≥ 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.

Appendix E: States with Regulations against Redirections in Stage IV or Metastatic Cancer

State	Step Therapy Prohibited?	Notes
FL	Yes	For stage 4 metastatic cancer and associated conditions.
GA	Yes	For stage 4 metastatic cancer. Redirection does not refer to review of medical necessity or clinical appropriateness.
IA	Yes	For standard of care stage 4 cancer drug use, supported by peer-reviewed, evidence-based literature, and approved by FDA.
LA	Yes	For stage 4 advanced, metastatic cancer or associated conditions. Exception if "clinically equivalent therapy, contains identical active ingredient(s), and proven to have same efficacy.
NV	Yes	Stage 3 and stage 4 cancer patients for a prescription drug to treat the cancer or any symptom thereof of the covered person
OH	Yes	**Applies to Commercial requests only** For stage 4 metastatic cancer and associated conditions
PA	Yes	For stage 4 advanced, metastatic cancer
TN	Yes	For advanced metastatic cancer and associated conditions
TX	Yes	For stage 4 advanced, metastatic cancer and associated conditions

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Prevention of chemotherapy-induced nausea and vomiting	Adults: 100 mg PO given 1 hour before chemotherapy Pediatrics (age 2 to 16 years): 1.8 mg/kg PO given 1 hour before chemotherapy	100 mg/day

VI. Product Availability

Tablets: 50 mg, 100 mg

VII. References

1. Anzemet Prescribing Information. Parsippany, NJ: Validus Pharmaceuticals LLC; Septebmer 2014. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020623s012lbl.pdf.Accessed October 4, 2021.
2. Hesketh, PJ, Kris MG, Basch E, et al. Antiemetics: American Society of Clinical Oncology Guideline Update. *J Clin Oncol*. 2020. 38:2,782-2,797. doi.org/10.1200/JCO.20.01296.
3. National Comprehensive Cancer Network. Antiemesis Version 1.2021. Available at https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed October 1, 2021.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created: split from ERX.NPA.34 into individual Anzemet policy; no significant changes; revised trial and failure to generalize to any 5-HT_3 antagonist (ondansetron or granisetron is preferred); removed requirement that 5-HT_3 antagonist occurred within past 60 days; added requirement in initial and continuation criteria for member to be receiving chemo; references reviewed and updated.	05.15.18	08.18
1Q 2019 annual review: no significant changes; added age requirement; references reviewed and updated.	10.30.18	02.19
1Q 2020 annual review: no significant changes; references reviewed and updated.	11.01.19	02.20
1Q 2021 annual review: no significant changes; removed NCCN dose language; references reviewed and updated.	11.13.20	02.21
1Q 2022 annual review: no significant changes; added allowance for bypassing redirection if state regulations do not allow step therapy in Stage IV or metastatic cancer settings with additional details in appendix E; references reviewed and updated.	10.04.21	02.22

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

be bound by the foregoing terms and conditions, in addition to the Site Use Agreement for Health Plans associated with Envolve Pharmacy Solutions.