



### ANTIEMETICS PA SUMMARY

<b>PREFERRED</b>	Ondansetron, Marinol
<b>NON-PREFERRED</b>	Anzemet, Cesamet, Dronabinol, Emend, Granisetron, Granisol, Sancuso, Zofran, Zuplenz

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:**

- ❖ *All formulations of granisetron and Anzemet require prior authorization. Only injectable forms of Emend and Zofran require prior authorization.*
- ❖ *Both brand (Marinol) and generic (dronabinol) require prior authorization. If PA is approved for generic dronabinol, the approval will be for brand Marinol.*
- ❖ *The criteria details below are for the outpatient pharmacy program. If an injectable medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).*

**PA CRITERIA:**

*Anzemet*

- ❖ Oral Anzemet is approvable for prevention of chemotherapy-induced nausea and vomiting for members who have tried and failed ondansetron
- ❖ Injectable Anzemet, when administered orally, is approvable for members age 2-16 with an inability to swallow solid dosage forms or those with lower dose requirements. Members age 4-16 must have tried and failed ondansetron oral solution or ODT tablets.

*Cesamet*

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting for members who have tried and failed Anzemet, granisetron, ondansetron and Marinol

*Granisetron and Granisol*

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting or radiation-induced nausea and vomiting (oral only) for members who have tried and failed ondansetron

*Marinol or Dronabinol*

- ❖ Approvable for cancer chemotherapy-induced nausea and vomiting for members who have tried and failed one other antiemetic
- ❖ Marinol is also approvable for AIDS wasting.
- ❖ If PA is approved, the approval will be for brand Marinol.

*Ondansetron Injection*

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting



- Sancuso*
  - ❖ Only doses of 16mg or less per administration are approvable.
  - ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting for members who are unable to swallow oral dosage forms or use orally disintegrating tablets
- Zuplenz*
  - ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting, prevention of nausea and vomiting associated with radiotherapy, or the prevention of post-operative nausea and vomiting
  - ❖ Prescriber should submit a written letter of medical necessity stating the reason(s) that ondansetron ODT is not appropriate for the member.

#### **QLL CRITERIA:**

*Anzemet, Emend, Granisetron, or Granisol*

- ❖ An authorization to exceed the QLL will be granted based on documentation of the member's chemotherapy regimen frequency.

*Ondansetron (Zofran)*

- ❖ An authorization to exceed the QLL will be granted based on documentation of the member's chemotherapy regimen frequency/duration or for the diagnosis of hyperemesis gravidarum.

#### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

#### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

#### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.