



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTIEMETIC/ANTIVERTIGO AGENTS PA SUMMARY**

Preferred	Non-Preferred
<p>Aprepitant capsules, pack generic Chlorpromazine tablets, injection generic Diclegis (doxylamine/pyridoxine [vitamin B6]) Dronabinol capsules generic* Meclizine generic Metoclopramide tablets, injection, oral solution generic Ondansetron injection*, ODT EXCEPT 16 mg, tablets, oral solution generic Perphenazine generic Prochlorperazine tablets, injection generic Promethazine tablets, injection, syrup, suppositories generic except 50 mg suppository Scopolamine generic Transderm (scopolamine)</p>	<p>Akynzeo capsules (netupitant/palonosetron) Anzemet (dolasetron) Chlorpromazine oral concentrate generic Dimenhydrinate injection generic Emend suspension (aprepitant) Gimoti (metoclopramide nasal spray) Granisetron injection, tablets generic Ondansetron ODT 16 mg generic Prochlorperazine suppositories generic Promethazine 50 mg suppository generic Sancuso (granisetron patch) Tigan injection (trimethobenzamide) Trimethobenzamide capsules generic</p>

\*Preferred but requires prior authorization; ODT=orally-disintegrating tablets

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- ❖ Dronabinol capsules generic and ondansetron injection generic are preferred but require prior authorization. Emend injection is not covered under Pharmacy Services.
- ❖ **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

**PA CRITERIA:**

*Dronabinol Generic*

- ❖ Approvable for members with refractory chemotherapy-induced nausea and vomiting who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and have tried and failed a treatment regimen containing ondansetron.
- ❖ Approvable for members with anorexia associated with weight loss due to AIDS or cancer (AIDS or cancer wasting).
- ❖ Approvable for members with cystic fibrosis.

*Ondansetron Injection Generic*

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with



high or moderate emetic risk and will be on doses of 16 mg or less per administration.

- ❖ Approvable for prevention of radiation-induced nausea and vomiting in members who are receiving total body irradiation, single high-dose fraction to the abdomen or daily fractions to the abdomen and will be on doses of 16 mg or less per administration.
- ❖ Medication must be administered in the member's home or in a long-term care facility.

*Akynzeo*

- ❖ Approvable for use as an adjunct to dexamethasone for prevention (prophylaxis) of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and have tried and failed a treatment regimen containing ondansetron taken with dexamethasone and aprepitant (Emend).

*Anzemet*

- ❖ Oral formulation is approvable for prevention of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and have tried and failed a treatment regimen containing ondansetron.
- ❖ Injectable formulation, when administered orally, is approvable for prevention of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk

*AND*

- ❖ For members 2-3 years of age unable to use tablets due to inability to swallow solid dosage forms or lower dose requirements based on weight or for members 4-16 years of age unable to use tablets due to inability to swallow solid dosage forms or require lower doses based on weight and have tried and failed a treatment regimen containing ondansetron oral solution or ondansetron orally disintegrating tablets.
- ❖ Injectable formulation must be administered in the member's home or in a long-term care facility.

*Chlorpromazine Oral Concentrate Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic chlorpromazine tablets and injection as well as other oral liquids, are not appropriate for the member.

*Dimenhydrinate Injection Generic and Tigan Injection*

- ❖ Prescriber must submit a written letter of medical necessity including the reasons the member requires an injectable formulation as well as why preferred injectables are not appropriate for the member.

*Emend Suspension*



- ❖ Approvable for members 6 months to 11 years of age for prevention of chemotherapy-induced nausea and vomiting who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk.
- ❖ Approvable for members 12 years of age and older for prevention of chemotherapy-induced nausea and vomiting who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk if the member is unable to swallow solid oral dosage formulations (i.e., capsules).

*Gimoti*

- ❖ Approvable for members 18 to 64 years of age with a diagnosis of diabetic gastroparesis who are unable to use oral dosage formulations of metoclopramide.
- ❖ Approvable for members 65 years of age and older with a diagnosis of diabetic gastroparesis who have been on an alternative metoclopramide formulation at a stable dose of 10 mg four times a day and are unable to use oral dosage formulations of metoclopramide.

*Granisetron Generic*

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and have tried and failed a treatment regimen containing ondansetron.
- ❖ Approvable for prevention of radiation-induced nausea and vomiting in members who are receiving total body irradiation, single high-dose fraction to the abdomen or daily fractions to the abdomen and have tried and failed a treatment regimen containing ondansetron.
- ❖ Injectable formulation must be administered in the member's home or in a long-term care facility.

*Ondansetron ODT 16 mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic ondansetron injection, ODT EXCEPT 16 mg, tablets and oral solution, are not appropriate for the member.

*Prochlorperazine Suppositories Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic prochlorperazine tablets and injection, are not appropriate for the member.

*Promethazine 50 mg Suppositories Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic promethazine 25 mg suppository, is not appropriate for the member.

*Sancuso*



- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting in members who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and are unable to swallow oral dosage formulations or use orally disintegrating tablets.

*Trimethobenzamide Capsules Generic*

- ❖ Approvable for members 18 years of age and older for treatment of nausea and vomiting who have experienced inadequate emetic control, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 2 preferred products.

**QLL CRITERIA:**

*Anzemet, Aprepitant Capsules/Pack, Emend Suspension and Granisetron*

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

*Ondansetron*

- ❖ An authorization to exceed the QLL will be considered 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 **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), 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 and select that manual.