



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIEMETICS PA SUMMARY**

Preferred	Non-Preferred
Chlorpromazine generic Dronabinol capsules generic* Emend capsules (aprepitant) Metoclopramide generic Ondansetron injection*, ODT, tablets, oral solution generic Perphenazine generic Prochlorperazine generic Promethazine generic EXCEPT 50 mg suppository	Akynzeo (netupitant/palonosetron) Anzemet (dolasetron) Cesamet (nabilone) Compro (prochlorperazine suppository) Emend suspension (aprepitant) Granisetron injection, tablets generic Promethazine 50 mg suppository generic Sancuso (granisetron) Syndros (dronabinol oral solution) Trimethobenzamide generic Varubi (rolapitant) Zuplenz (ondansetron)

*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. Aloxi, Emend and Varubi injections are not covered under Pharmacy Services.
- To request an injectable formulation for administration in a physician’s office or clinic, prescribers must go to the Registered User section of the Georgia Health Partnership Website at www.mmis.georgia.gov to request coverage from Physician Services.

PA CRITERIA:

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 Emend (aprepitant).

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.

Cesamet

- ❖ 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 AND a treatment regimen containing dronabinol.

Compro

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

Dronabinol Generic and Syndros

- ❖ 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.
- ❖ In addition for Syndros, member must be unable to swallow solid oral dosage formulations or require a dose that is not able to be obtained with dronabinol capsules.

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 or 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., Emend capsules).

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 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.

Promethazine 50 mg Suppository 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 Generic

- ❖ Approvable for members 18 years of age or 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.

Varubi

- ❖ Approvable for use as an adjunct to dexamethasone and a 5-HT3 antagonist [Anzemet (dolasetron), granisetron, ondansetron or Aloxi (palonosetron)] 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 taken with dexamethasone and Emend (aprepitant).

Zuplenz

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, ondansetron ODT, is not appropriate for the member.

QLL CRITERIA:

Anzemet, Emend 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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.