Anti-emetic Medications

**Cesamet** (nabilone); **Diclegis** (doxylamine/pyridoxine); **Sancuso** (Granisetron)

*Effective: 10/1/15*

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**OVERVIEW**

**FDA-APPROVED INDICATIONS**

Cesamet (nabilone) is indicated for the treatment of the nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments. This restriction is required because a substantial proportion of any group of patients treated with Cesamet can be expected to experience disturbing psychotomimetic reactions not observed with other antiemetic agents.

Diclegis is indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Sancuso (granisetron) is indicated for the prophylaxis of nausea and vomiting associated with emetogenic chemotherapy and radiation therapy; prophylaxis and treatment of PONV.

**PHARMACY COVERAGE GUIDELINES**

Tufts Health Plan – Network Health may authorize coverage of an anti-emetic medication for members when all the following criteria for a particular regimen are met and limitations do not apply:

For doxylamine/pyridoxine (Diclegis),
- The member is diagnosed with nausea and vomiting associated with pregnancy AND
- The member tried and failed concurrent therapy with over-the-counter doxylamine and pyridoxine, or the provider indicates clinical inappropriateness of treatment with the concurrent use of over-the-counter doxylamine and pyridoxine.

For nabilone (Cesamet),
- The member has tried and failed therapy with at least two alternative antiemetic agents.

For granisetron transdermal (Sancuso),
- The member is receiving emetogenic chemotherapy for a duration of at least 5 consecutive days.

**LIMITATIONS**

- Sancuso is limited to one transdermal patch per 28-day chemotherapy regimen, not to exceed 4 patches per 28 days.
- Coverage of Diclegis® will be limited to a 9-month approval.

**CODES**

None

**REFERENCES**


Cesamet (nabilone) [prescribing information] Somerset, NJ: Meda Pharmaceuticals; Sept 2013.

APPROVAL HISTORY

July 8, 2014: Reviewed by the Pharmacy and Therapeutics Committee.

July 14, 2015: Reviewed by the Pharmacy and Therapeutics Committee; Non-covered medications and QL criteria removed; incorporated criteria for Cesamet and Diclegis.

BACKGROUND, PRODUCT, AND DISCLAIMER INFORMATION

Pharmacy Medication Request Guidelines have been developed for determining coverage for Tufts Health Plan – Network Health benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They are used in conjunction with the applicable Member Handbook and in coordination with the member’s physician(s). Pharmacy Medication Request Guidelines are developed for selected therapeutic classes or drugs found to be safe but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan – Network Health service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan – Network Health reviews Pharmacy Medication Request Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Pharmacy Medication Request Guidelines apply to all insured offerings unless otherwise noted in this policy or the applicable Member Handbook. Check the applicable Preferred Drug List (formulary) in the pharmacy section of our website to determine if the drug requires you to get prior authorization.

For Tufts Health Unify (Medicare-Medicaid One Care for people ages 21 – 64), please refer to the Tufts Health Unify Prior Authorization Medical Necessity Guidelines.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines, when applicable, and adherence to plan policies and procedures and claims editing logic.