



Manual Prior Authorization

Akynzeo (netupitant/palonosetron) -substance P/NK1 Receptor Antagonist/5-HT3 Receptor Antagonist_ PA Criteria

What is the patient's diagnosis? ICD-9/10 code(s) plus description:

(Please answer the following questions):

- a. Yes No Documented diagnosis of cancer OR Antineoplastic history
AND
- b. Yes No Chemotherapy regimen includes use of a highly or moderately emetogenic*
chemotherapeutic agent
AND
- c. Yes No History of prior use of preferred combination antiemetic therapy
AND
- d. Yes No Concurrent use of dexamethasone per PI

Highly emetogenic chemotherapy*

Usual Dose:

- Day 1: Akynzeo 300mg/0.5mg 1 hour prior to initiation of chemotherapy
Dexamethasone 12 mg 30 minutes prior to chemotherapy
- Day 2 and 4: Dexamethasone 8 mg

Moderately emetogenic chemotherapy*

- Day 1: Akynzeo 300mg/0.5mg 1 hour prior to initiation of chemotherapy.
- Dexamethasone: 12 mg 30 minutes prior to initiation of chemotherapy.

Quantity Limits: 1 capsule per chemotherapy session.

Initial authorization will be issued for 6 months.

*** Class of emetogenic therapy as defined by FDA label, compendia or NCCN guidelines**