



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

Preferred	Non-Preferred
Dronabinol generic Ondansetron injection, ODT*, tablets*, solution* generic	Akynzeo (netupitant/palonosetron) Anzemet (dolasetron) Cesamet (nabilone) Emend capsules (aprepitant)* Granisetron injection, tablets generic Sancuso (granisetron) Varubi (rolapitant) Zuplenz (ondansetron)

*Does not require prior authorization.

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Dronabinol and ondansetron injection require prior authorization.
- ❖ All formulations of non-preferred agents require PA except for Emend capsules.
- ❖ Emend injection is only covered under Physician 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 a prior authorization from Physician Services.

PA CRITERIA:

Akynzeo

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

Anzemet

- ❖ Oral formulation is approvable for prevention of chemotherapy-induced nausea and vomiting in members who have tried and failed ondansetron in the past 180 days.
- ❖ Injectable formulation, when administered orally, is approvable for prevention of chemotherapy-induced nausea and vomiting in members 2-16 years of age with inability to swallow solid dosage forms or have lower dose requirements or in members 4-16 years of age who have tried and failed ondansetron oral solution or ondansetron orally disintegrating tablets in the past 180 days.



Cesamet

- ❖ Approvable for members with chemotherapy-induced nausea and vomiting who have tried and failed Anzemet (dolasetron), granisetron (Kytril), or ondansetron (Zofran) AND dronabinol (Marinol) in the past 180 days.

Dronabinol Generic

- ❖ Approvable for members with chemotherapy-induced nausea and vomiting for members who have tried and failed Anzemet (dolasetron), granisetron (Kytril) or ondansetron (Zofran) in the past 180 days.
- ❖ Approvable for members with AIDS wasting.
- ❖ Approvable for members with cystic fibrosis.

Granisetron Generic

- ❖ Oral formulation is approvable for prevention of chemotherapy-induced or radiation-induced nausea and vomiting for members who have tried and failed ondansetron (Zofran) in the past 180 days.
- ❖ Injectable formulation is approvable for prevention of chemotherapy-induced nausea and vomiting for members who have tried and failed ondansetron in the past 180 days. Medication must be administered in the member's home by home health or in a long-term care facility.

Ondansetron Injection Generic

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting in members on doses of 16 mg or less per administration. Medication must be administered in the member's home by home health or in a long-term care facility.

Sancuso

- ❖ Approvable for prevention of chemotherapy-induced nausea and vomiting in members who are unable to swallow oral dosage forms or use orally disintegrating tablets.

Varubi

- ❖ Approvable for use as an adjunct to dexamethasone and a 5-HT₃ antagonist [Anzemet (dolasetron), granisetron (Kytril) or ondansetron (Zofran)] for members with chemotherapy-induced nausea and vomiting who are receiving chemotherapy at a high dose or associated with high or moderate emetic risk and who have tried and failed a treatment regimen of Anzemet (dolasetron), granisetron or ondansetron (Zofran) taken with dexamethasone and Emend (aprepitant).

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

AND

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



QLL CRITERIA:

Anzemet, Emend or Granisetron

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

Ondansetron (Zofran)

- ❖ 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.