5HT<sub>3</sub> RECEPTOR ANTAGONISTS ANTI-EMETICS

**Preferred, 1<sup>st</sup> Step Products**
- ondansetron/ondansetron odt
- granisetron*

**Non-preferred, 2<sup>nd</sup> Step Products**
- Anzemet* (dolasetron)
- Sancuso*/** (granisetron)
- Zuplenz filmstrip*/** (ondansetron)

The two 1<sup>st</sup> step products (ondansetron and granisetron) must be used before a 2<sup>nd</sup> step product will process. Sancuso and Zuplenz also require additional criteria that must be met.

The goal of using step therapy is to increase formulary compliance within each therapy class. Each class was reviewed by the Blue Cross of Northeastern Pennsylvania P&T committee. Clinical and cost considerations were reviewed and the program was approved by the Committee. Step therapy programs require the use of one or more first-step drugs before a second-step drug. Other considerations of the program are as follow:

- This program applies to members when starting on medications for the first time and members restarting on medications after a lapse of more than 130 days.
- If you believe that the first-step drug requirement is inappropriate or if it has failed to successfully treat your patient’s condition, you may submit a prior authorization request for consideration of approval of a second-step drug.
- If a member has received both of the required first-step medications in the preceding 130 days, the second-step drug, Anzemet, will process without intervention. Sancuso and Zuplenz require additional clinical information which must be submitted along with a prior auth request.
- If the member is started on a 2<sup>nd</sup> step medication using “samples” without following the stated step criteria, authorization will not be given.

*quantity limits apply
** Additional prior auth criteria also apply
SANCUSO PRIOR AUTHORIZATION CRITERIA

Sancuso (granisetron) topical patch is used to prevent nausea and vomiting in members receiving moderately and/or highly emetogenic chemotherapy for up to 5 consecutive days. Each patch provides up to 7 days of therapy. For approval, in addition to a documented trial to both of our preferred medications, member must be receiving moderately and/or highly emetogenic chemotherapy for up to 5 days. A prior authorization form must be submitted which includes a listing of the moderately and/or highly emetogenic chemotherapy that the member is to receive. Sancuso is subject to a quantity limit of 1 patch per 30 days. If doses of chemotherapy are being administered on more than one cycle of 5-7 days, please submit documentation of the chemotherapy regimen along with the prior authorization request.

ZUPLENZ PRIOR AUTHORIZATION CRITERIA

Zuplenz is an oral soluble ondansetron film strip indicated for:
- Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy
- Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy
- Prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to abdomen, or daily fractions to the abdomen.
- Prevention of postoperative nausea and vomiting.

Ondansetron used as a first-line medication must be the odt (orally dissolving tablet) formulation. Based on the FDA maximum daily dose based on approved indications, Zuplenz will be subject to quantity limits of 10 filmstrips of one strength per 30 days. Zuplenz will only be approved for the FDA approved indications.