

DRUG QUANTITY MANAGEMENT POLICY - PER RX

Policy:

Antiemetics – Serotonin Receptor Antagonists (Oral and Transdermal)

Drug Quantity Management – Per Rx

• granisetron tablets (generic only)

- Sancuso® (granisetron transdermal system Kyowa Kirin)
- ondansetron tablets (generic only)
- ondansetron orally disintegrating tablets (generic only)
- ondansetron 16 mg orally disintegrating tablets (branded product)
- ondansetron oral solution (generic only)

REVIEW DATE: 09/11/2024

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS, COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS, COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Indications and Dosing/Availability

All of the oral serotonin (5-HT₃) receptor antagonists have similar indications regarding the prevention of nausea/vomiting associated with emetogenic cancer chemotherapy.¹⁻⁵ Details, additional indications, and recommended dosing are in Table 1.

Table 1. Indications and Dosages for Oral and Transdermal 5-HT₃ Receptor Antagonists. 1-5

Drug/ Availability	FDA-Approved Indications	Recommended Dosage
Granisetron	Prevention of	Adults: 2 mg QD or 1 mg BID. In the 2-mg QD
1 mg tablets	nausea/vomiting associated with initial and repeat courses of emetogenic cancer	regimen, two 1-mg tablets are given up to 1 hour before chemotherapy. In the 1 mg BID regimen, the first 1 mg tablet is given up to 1 hour before chemotherapy, with the second tablet 12 hours after the first. Either

Page 1 of 8 - Cigna National Formulary Coverage - Policy: Antiemetics - Serotonin Receptor Antagonists (Oral and Transdermal) Drug Quantity Management - Per Rx

	therapy, including high- dose cisplatin.	regimen is given only on the day(s) of chemotherapy. Continued treatment, while not on chemotherapy, has not been found to be useful. Pediatric: Safety and efficacy of granisetron in pediatric patients have not been established.
	Prevention of nausea/vomiting associated with radiation, including total body irradiation and fractionated abdominal radiation.	Adults: 2 mg QD. Two 1-mg tablets are taken within 1 hour of radiation. Pediatric: Safety and efficacy of granisetron in pediatric patients have not been established.
Sancuso® (granisetron 3.1 mg/24 hours transdermal system)	Prevention of nausea/vomiting associated with MEC or HEC regimens of up to 5 consecutive days' duration.	Adults: Apply a single patch to the upper arm a minimum of 24 hours before chemotherapy and a maximum of 48 hours prior to chemotherapy as appropriate. The patch can be worn for up to 7 days depending upon the duration of the chemotherapy regimen. Remove a minimum of 24 hours after completion of chemotherapy. Pediatric: Safety and efficacy of Sancuso in pediatric patients have not been established.

Table 1 (continued). Indications and Dosages for Oral and Transdermal 5-HT $_3$ Receptor Antagonists. $^{1-5}$

Antagonists. ¹⁻⁵			
Drug/ Availability	FDA-Approved Indications	Recommended Dosage	
ondansetron 4 mg and 8 mg tablets (generic only)	Prevention of nausea/vomiting associated with HEC, including cisplatin ≥ 50 mg/m2.	Adults : 24 mg given 30 minutes before the start of single-day highly emetogenic chemotherapy, including cisplatin ≥ 50 mg/m². Multi-day, single-dose administration of 24-mg dosage has not been studied.	
ondansetron 4 mg/5 mL oral solution, (generic only) ondansetron 4 mg and 8 mg orally disintegratin g tablets (generic only)	Prevention of nausea/vomiting associated with initial and repeat courses of MEC.	Adults: 8 mg BID. The first dose should be taken 30 minutes before the start of emetogenic chemotherapy, with a subsequent dose 8 hours after the first dose. The 8 mg dose should be taken BID (Q12H) for 1 to 2 days after completing chemotherapy. Pediatric (≥ 12 years): 8 mg BID. 8 mg administered 30 minutes before the start of chemotherapy, with a subsequent 8-mg dose 8 hours after the first dose, then administer 8 mg BID for 1 to 2 days after completion of chemotherapy. Pediatric (4 to 11 years): 4 mg TID. The first dose should be taken 30 minutes before the start of chemotherapy, with subsequent doses 4 and 8 hours after the first. The 4 mg dose should be given TID (Q8H) for 1 to 2 days after completion of chemotherapy.	
Ondansetron 16 mg orally disintegratin g tablets (branded product)	Prevention of nausea/vomiting associated with radiotherapy in patients receiving total body irradiation, a single high-dose fraction to the abdomen, or daily fractions to the abdomen. Prevention of PONV. As with other antiemetics,	Total body irradiation: 8 mg 1 to 2 hours before each fraction of radiotherapy each day. Single high-dose fractionated radiotherapy to the abdomen: 8 mg 1 to 2 hours before radiotherapy, with subsequent doses Q8H after the first dose for 1 to 2 days after completion of radiotherapy. Daily fractionated radiotherapy to the abdomen: 8 mg 1 to 2 hours before radiotherapy with subsequent doses Q8H after the first, each day of radiotherapy. 16 mg one hour before induction of anesthesia.	

routine prophylaxis is not recommended for patients in whom there is little expectation that nausea/vomiting will occur. For patients in whom PONV must be avoided, ondansetron is recommended even where the incidence of	
where the incidence of PONV is low.	

QD – Once daily; BID – Twice daily; MEC – Moderate emetogenic chemotherapy; HEC – Highly emetogenic chemotherapy; Q12H – Every 12 hours; TID – Three times daily; Q8H – Every 8 hours; PONV – Post-operative nausea and vomiting.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the serotonin receptor antagonists (oral and transdermal). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Drug Quantity Limits

Product	Strength	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
granisetron (generic only)	1 mg tablets	6 tablets	18 tablets
Sancuso® (granisetron transdermal system)	34.3 mg (3.1 mg/24 hours) transdermal system (patch)	1 patch	3 patches
ondansetron tablets	4 mg tablets	9 tablets	27 tablets
(generic only)	8 mg tablets	9 tablets	27 tablets
ondansetron orally	4 mg tablets	9 tablets	27 tablets
disintegrating tablets (generic only)	8 mg tablets	9 tablets	27 tablets
ondansetron orally disintegrating tablets (branded product)	16 mg tablets	2 tablets	6 tablets
ondansetron oral solution (generic only)	4 mg/5 mL solution	100 mL	300 mL

Antiemetics – Serotonin Receptor Antagonists (Oral and Transdermal)
Drug Quantity Management – Per Rx product(s) is(are) covered as
medically necessary when the following criteria is(are) met. Any other
exception is considered not medically necessary.

CRITERIA

Granisetron 1 mg tablets (generic only)

8 Pages - Cigna National Formulary Coverage - Policy: Antiemetics - Serotonin Receptor Antagonists (Oral and Transdermal) Drug Quantity Management - Per Rx

- **1.** If the patient is receiving granisetron for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the requested quantity, not to exceed a total of 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery.
- **2.** If the patient is receiving granisetron for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets per dispensing at retail or 180 tablets per dispensing at home delivery (i.e., allow for two tablets per day), for 6 months:
 - · prevention or treatment of radiation-induced emesis,
 - delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
 - as needed for nausea and vomiting after chemotherapy,
 - anticipatory nausea and vomiting,
 - vertigo or motion-induced nausea and vomiting,
 - opioid-induced nausea and vomiting,
 - treatment of postoperative nausea and vomiting,
 - pregnancy-induced nausea and vomiting,
 - drug-induced (non-chemotherapy) nausea and vomiting, or
 - nausea and vomiting due to other etiologies including idiopathic.

Sancuso 34.3 mg (3.1 mg/24 hours) Transdermal System

1. If the patient is receiving Sancuso for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of cancer chemotherapy within 1 month, approve the quantity requested, not to exceed a total of 4 patches per dispensing at retail or 16 patches per dispensing at home delivery.

Ondansetron 4 mg tablets (generic only) and Ondansetron 4 mg orallydisintegrating tablets (generic only)

- 1. If the patient is receiving ondansetron for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery.
- **2.** If the patient is receiving ondansetron for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery.
- **3.** If the patient is receiving ondansetron for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets per day) for 6 months.

- **4.** If the patient is receiving ondansetron for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets per dispensing at retail or 180 tablets/orally-disintegrating tablets per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets per day), for 6 months:
 - treatment of radiation-induced emesis,
 - delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
 - as needed for nausea and vomiting after chemotherapy,
 - anticipatory nausea and vomiting,
 - vertigo or motion-induced nausea and vomiting,
 - opioid-induced nausea and vomiting,
 - treatment of postoperative nausea and vomiting,
 - drug-induced (non-chemotherapy) nausea and vomiting, or
 - nausea and vomiting due to other etiologies including idiopathic.

Ondansetron 8 mg tablets (generic only) and Ondansetron 8 mg orallydisintegrating tablets (generic only)

- 1. If the patient is ≥ 12 years of age and is receiving ondansetron for the prevention of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery.
- 2. If the patient is ≥ 12 years of age and is receiving ondansetron for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month, approve the requested quantity not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery.
- **3.** If the patient is receiving ondansetron for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets per dispensing at retail or 270 tablets/orally-disintegrating tablets per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets per day) for 6 months.
- **4.** If the patient is ≥ 12 years of age AND is receiving ondansetron for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets per dispensing at retail or 180 tablets/orally-disintegrating tablets per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets per day), for 6 months:
 - treatment of radiation-induced emesis,
 - delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
 - as needed for nausea and vomiting after chemotherapy,
 - anticipatory nausea and vomiting,
 - vertigo or motion-induced nausea and vomiting,
 - opioid-induced nausea and vomiting,

- treatment of postoperative nausea and vomiting,
- drug-induced (non-chemotherapy) nausea and vomiting, or
- nausea and vomiting due to other etiologies including idiopathic.

Ondansetron 4 mg/5 mL oral solution (generic only)

- **1.** If the patient is receiving ondansetron for the *prevention* of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the quantity specified below.
 - Patients ≥ 12 years of age: approve the requested quantity, not to exceed a total of 900 mL per dispensing at retail or 2,700 mL per dispensing at home delivery.
 - <u>Note</u>: This override would accommodate up to 30 mL (24 mg) per day. Round up to accommodate a whole package size for the 50 mL bottles. For example, if the required dose is 90 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 270 mL), approve 300 mL (six 50 mL bottles) per dispensing.
 - Patients ≤ 11 years of age: approve the requested quantity, not to exceed a total of 450 mL per dispensing at retail or 1,350 mL per dispensing at home delivery.
 - <u>Note</u>: This would accommodate a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size for the 50 mL bottles. For example, if the required dose is 45 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 135 mL), approve 150 mL (three 50 mL bottles) per dispensing.
- **2.** If the patient is receiving ondansetron for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month.
 - Patients ≥ 12 years of age: approve the requested quantity, not to exceed 900 mL per dispensing at retail or 2,700 mL per dispensing at home delivery for 6 months.
 - <u>Note</u>: This would accommodate a dose of 30 mL (24 mg) per day. Round up to accommodate a whole package size for the 50 mL bottles. For example, if the required dose is 90 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 270 mL), approve 300 mL (six 50 mL bottles) per dispensing).
 - Patients ≤ 11 years of age: approve the requested quantity, not to exceed 450 mL per dispensing at retail or 1,350 mL per dispensing at home delivery for 6 months.
 - Note: This would accommodate a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size for the 50 mL bottles. For example, if the required dose is 45 mL for multiple 3-day courses of chemotherapy each on Days 1, 14, and 28 (total 135 mL), approve 150 mL (three 50 mL bottles) per dispensing.

- **3.** If the patient is ≥ 12 years of age AND is receiving ondansetron for the treatment of one of the following conditions, approve the requested quantity, not to exceed 600 mL per dispensing at retail or 1,800 mL per dispensing at home delivery (i.e., allow for 20 mL [16 mg] per day), for 6 months:
 - treatment of radiation-induced emesis
 - delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
 - as needed for nausea and vomiting after chemotherapy,
 - anticipatory nausea and vomiting,
 - vertigo or motion-induced nausea and vomiting,
 - opioid-induced nausea and vomiting,
 - treatment of postoperative nausea and vomiting,
 - pregnancy-induced nausea and vomiting
 - drug-induced (non-chemotherapy) nausea and vomiting, or
 - nausea and vomiting due to other etiologies including idiopathic.
- **4.** If the patient is ≤ 11 years of age AND is receiving ondansetron (Zofran, generic) for the treatment of one of the following conditions, approve the requested quantity, not to exceed 300 mL per dispensing at home delivery or 900 mL per dispensing at home delivery (i.e., allow for 10 mL [8 mg] per day), for 6 months:
 - treatment of radiation-induced emesis
 - delayed nausea and vomiting (greater than 24 hours following chemotherapy or radiation therapy),
 - as needed for nausea and vomiting after chemotherapy,
 - anticipatory nausea and vomiting,
 - vertigo or motion-induced nausea and vomiting,
 - opioid-induced nausea and vomiting,
 - treatment of postoperative nausea and vomiting,
 - pregnancy-induced nausea and vomiting
 - drug-induced (non-chemotherapy) nausea and vomiting, or
 - nausea and vomiting due to other etiologies including idiopathic.

Ondansetron 16 mg tablets

No overrides recommended.

REFERENCES

- 1. Granisetron tablets [prescribing information]. Berlin, CT: Breckenridge; February 2024.
- 2. Sancuso® transdermal system [prescribing information]. Bedminster, NJ: Kyowa Kirin; December 2022.
- 3. Ondansetron tablets and orally disintegrating tablets [prescribing information]. Mahwah, NJ: Glenmark; November 2021.
- 4. Ondansetron oral solution [prescribing information[]. Kothur, India: Natco; November 2021.
- 5. Ondansetron orally disintegrating tablets [prescribing information]. New Brunswick, NJ: Lifsa; June 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/21/2023
Early Annual Revision	Brand Zofran 4 mg and 8 mg tablets were removed from the policy (obsolete). Generics remain.	09/11/2024
	Ondansetron 24 mg tablets were removed from the policy (obsolete).	
	Zuplenz 4 mg and 8 mg soluble films were removed from the policy (obsolete).	
	Ondansetron 16 mg orally disintegrating tablets: New quantity limits of 2 tablets per dispensing at retail and 6 tablets per dispensing at home delivery were added to the policy. No clinical overrides apply.	

[&]quot;Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2024 The Cigna Group.