### **Cigna National Formulary Coverage Policy**



Effective Date	2/1/2023
Next Review Date	2/1/2024

## Drug Quantity Management – Per Rx Antiemetics – Serotonin Receptor Antagonists (Oral and Transdermal)

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## Product Identifier(s)

Effective 1/1/23 to 4/11/23: 110575, 110183, 109869

Effective 4/12/23: 34912, 35677, 35678

#### 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. 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.

## **National Formulary Medical Necessity**

### **Drugs Affected**

- granisetron tablets (generic only)
- Sancuso® (granisetron transdermal system)
- Zofran® (ondansetron tablets and oral solution generic)
- ondansetron orally disintegrating tablets (generic only)
- ondansetron oral solution (generic only)
- Zuplenz<sup>®</sup> (ondansetron oral soluble film)

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 <sup>®</sup> (granisetron transdermal system)	34.3 mg (3.1 mg/24 hours) transdermal system (patch)	1 patch	3 patches
Zofran <sup>®</sup>	4 mg tablets	9 tablets	27 tablets
(ondansetron tablets, generic)	8 mg tablets	9 tablets	27 tablets
ondansetron 24 mg tablets (generic only)	24 mg tablets	1 tablet	3 tablets
ondansetron orally	4 mg tablets	9 tablets	27 tablets
disintegrating tablets (generic only)	8 mg tablets	9 tablets	27 tablets
ondansetron oral solution (generic only)	4 mg/5 mL solution (50 mL bottles)	100 mL (2 bottles)	300 mL (4 bottles)
Zuplenz <sup>®</sup>	4 mg soluble film	10 films	30 films
(ondansetron oral soluble film)	8 mg soluble film	10 films	30 films

### Criteria

### Cigna covers quantities as medically necessary when the following criteria are met:

### Granisetron 1 mg tablets (generic only)

- 1. If the individual 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 individual 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 individual 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 (Zofran, generic), Ondansetron 4 mg orally-disintegrating tablets, Zuplenz 4 mg soluble film

- 1. If the individual is receiving ondansetron (Zofran, generic) or Zuplenz 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/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.
- 2. If the individual is receiving ondansetron (Zofran, generic) or Zuplenz 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/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.
- 3. If the individual is receiving ondansetron (Zofran, generic) or Zuplenz for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets/films per day) for 6 months.
- 4. If the individual is receiving ondansetron (Zofran, generic) or Zuplenz for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets/films per dispensing at retail or 180 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets/films 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 (Zofran, generic), Ondansetron 8 mg orally-disintegrating tablets, Zuplenz 8 mg soluble film

- If the individual is ≥ 12 years of age and is receiving ondansetron (Zofran, generic) or Zuplenz 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/films per
  dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.
- 2. If the individual is ≥ 12 years of age and is receiving ondansetron (Zofran, generic) or Zuplenz 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/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery.
- 3. If the individual is receiving ondansetron (Zofran, generic) or Zuplenz for pregnancy-induced nausea and vomiting, approve the requested quantity, not to exceed 90 tablets/orally-disintegrating tablets/films per dispensing at retail or 270 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., three tablets/orally-disintegrating tablets/films per day) for 6 months.
- 4. If the individual is ≥ 12 years of age AND is receiving ondansetron (Zofran, generic) or Zuplenz for the treatment of one of the following conditions, approve the requested quantity, not to exceed 60 tablets/orally-disintegrating tablets/films per dispensing at retail or 180 tablets/orally-disintegrating tablets/films per dispensing at home delivery (i.e., allow for two tablets/orally-disintegrating tablets/films 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)

- If the individual is receiving ondansetron (Zofran, generic) for the prevention of nausea and vomiting associated with multiple courses or multiple days of chemotherapy within 1 month, approve the quantity specified below.
  - Individuals ≥ 12 years of age: approve the requested quantity, not to exceed a total of 18 bottles (900 mL) per dispensing at retail or 54 bottles (2,700 mL) per dispensing at home delivery.
     Note: This override would accommodate up to 30 mL (24 mg) per day. Round up to accommodate a whole package size. 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 six 50 mL bottles (total 300 mL) per dispensing.
  - Individuals ≤ 11 years of age: approve the requested quantity, not to exceed a total of 9 bottles (450 mL) per dispensing at retail or 27 bottles (1,350 mL) per dispensing at home delivery.
     Note: This would accommodate a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size. 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 three 50 mL bottles (total 150 mL) per dispensing.
- 2. If the individual is receiving ondansetron (Zofran, generic) for the *prevention* of radiation-induced nausea and vomiting associated with multiple courses or multiple days of radiation within 1 month.
  - Individuals ≥ 12 years of age: approve the requested quantity, not to exceed 18 bottles (900 mL) per dispensing at retail or 54 bottls (2,700 mL) per dispensing at home delivery for 6 months.
     Note: This would accommodate a dose of 30 mL (24 mg) per day. Round up to accommodate a whole package size. 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 six 50 mL bottles (total 300 mL per dispensing).
  - Individuals ≤ 11 years of age: approve the requested quantity, not to exceed 9 bottles (450 mL) per dispensing at retail or 27 bottles (1,350 mL) per dispensing at home delivery for 6 months.

    Note: This would accommodates a dose of 15 mL (12 mg) per day. Round up to accommodate a whole package size. 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 three 50 mL bottles (total 150 mL per dispensing).
- 3. If the individual is ≥ 12 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 12 bottles (600 mL) per dispensing at retail or 36 bottles (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 individual 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 6 bottles (300 mL) per dispensing at

home delivery or 18 bottles (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 24 mg tablets

1. If the individual is receiving ondansetron 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 30 tablets per dispensing at retail or 90 tablets per dispensing at home delivery.

### **Conditions Not Covered**

Any other exception is considered not medically necessary.

### **Background**

#### Overview

### Indications and Dosing/Availability

All of the oral serotonin (5-HT<sub>3</sub>) receptor antagonists have similar indications regarding the prevention of nausea/vomiting associated with emetogenic cancer chemotherapy.<sup>1-5</sup> 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 1 mg tablets	Prevention of nausea/vomiting associated with initial and repeat courses of emetogenic cancer therapy, including high-dose cisplatin.	Adults: 2 mg QD or 1 mg BID. In the 2-mg QD 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 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<sub>3</sub> Receptor Antagonists. 1-5

	Table 1 (continued). Indications and Dosages for Oral and Transdermal 5-HT <sub>3</sub> Receptor Antagonists. 1-5		
Drug/ Availability	FDA-Approved Indications	Recommended Dosage	
Zofran®	Prevention of nausea/vomiting	Adults: 24 mg given as three 8-mg tablets (or films) given 30	
(ondansetro	associated with HEC, including	minutes before the start of single-day highly emetogenic	
n 4 mg and	cisplatin ≥ 50 mg/m2.	chemotherapy, including cisplatin ≥ 50 mg/m². Multi-day, single-	
8 mg tablets		dose administration of 24-mg dosage has not been studied.	
and	Prevention of nausea/vomiting	Adults: 8 mg BID. The first dose should be taken 30 minutes	
4 mg/5 mL	associated with initial and	before the start of emetogenic chemotherapy, with a subsequent	
oral	repeat courses of MEC.	dose 8 hours after the first dose. The 8-mg dose should be	
solution,		taken BID (Q12H) for 1 to 2 days after completing	
generics)		chemotherapy.	
		Pediatric (≥ 12 years): 8 mg BID. 8 mg administered 30	
ondansetron		minutes before the start of chemotherapy, with a subsequent 8-	
4 mg and 8 mg orally		mg dose 8 hours after the first dose, then administer 8 mg BID	
disintegratin		for 1 to 2 days after completion of chemotherapy.	
g tablets		Pediatric (4 to 11 years): 4 mg TID. The first dose should be	
(generic		taken 30 minutes before the start of chemotherapy, with	
only)		subsequent doses 4 and 8 hours after the first. The 4-mg dose	
oy)		should be given TID (Q8H) for 1 to 2 days after completion of chemotherapy.	
Zuplenz®	Prevention of nausea/vomiting	<b>Total body irradiation:</b> 8 mg 1 to 2 hours before each fraction	
(ondansetro	associated with radiotherapy in	of radiotherapy each day.	
n 4 mg and	patients receiving total body	Single high-dose fractionated radiotherapy to the abdomen:	
8 mg oral	irradiation, a single high-dose	8 mg 1 to 2 hours before radiotherapy, with subsequent doses	
soluble film)	fraction to the abdomen, or	Q8H after the first dose for 1 to 2 days after completion of	
	daily fractions to the abdomen.	radiotherapy.	
Ondansetro	,	<b>Daily fractionated radiotherapy to the abdomen:</b> 8 mg 1 to 2	
n 24 mg		hours before radiotherapy with subsequent doses Q8H after the	
tablets		first, each day of radiotherapy.	
	Prevention of PONV. As with	16 mg given as two 8-mg tablets (or films) one hour before	
	other antiemetics, routine	induction of anesthesia.	
	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		
LIC Highly or	PONV is low.	Chamatharany induced naugos and vamiting AC. Anthropyaline as	

HEC – Highly emetogenic chemotherapy; CINV – Chemotherapy-induced nausea and vomiting; AC – Anthracycline and cyclophosphamide; MEC – Moderately emetogenic chemotherapy; PONV – Post-operative nausea and vomiting; BID – Twice daily; Q12H – Every 12 hours; TID – Three times daily; Q8H – Every 8 hours; QD – Once daily.

### References

- 1. Granisetron tablets [prescribing information]. Eatontown, NJ: West-Ward; October 2016.
- 2. Sancuso® transdermal system [prescribing information]. Bedminster, NJ: Kyowa Kirin; April 2020.
- 3. Zofran® tablets, orally disintegrating tablets, and oral solution [prescribing information]. East Hanover, NJ: Novartis; October 2021.
- 4. Zuplenz® oral soluble film [prescribing information]. Raleigh, NC: Aquestive; August 2021.
- 5. Ondansetron tablets [prescribing information]. Bachupally, India: Dr. Reddy's; May 2021

## **Revision History**

Type of Revision	Summary of Changes	Approval Date
Annual	No criteria changes.	12/05/2022
Revision		
	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.	

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