# Drug Coverage Policy

**Effective Date.....9/1/2026**
**Coverage Policy Number.....IP0819**
**Policy Title.....Antiemetic Therapy**

# Antiemetic Therapy

- Akynzeo® (palonosetron/netupitant capsule, Helsinn Therapeutics)
- Sancuso® (granisetron transdermal, Cumberland Pharmacueticals / Kyowa Kirin)
- Varubi® (rolapitant tablet, TeraSera Therapeutics)

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## OVERVIEW

Antiemetic therapies are used to prevent and manage nausea and vomiting associated with cancer treatment, radiation therapy, radiopharmaceutical administration, and other treatment-related causes. Chemotherapy-induced nausea and vomiting (CINV) remains one of the most common adverse effects of cancer therapy. The pathophysiology of emesis involves multiple neurotransmitter pathways, including serotonin (5-HT3) and substance P/neurokinin-1 (NK1) receptors.

Akynzeo® (netupitant/palonosetron) combines an NK1 receptor antagonist with a 5-HT3 receptor antagonist and is FDA approved, in combination with dexamethasone, for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including highly emetogenic chemotherapy.[1]

Sancuso® (granisetron transdermal system) is a transdermal 5-HT3 receptor antagonist FDA approved for the prevention of nausea and vomiting in adults receiving moderately and/or highly emetogenic chemotherapy regimens for up to five consecutive days. The transdermal formulation provides continuous granisetron delivery and may be beneficial for patients who have difficulty tolerating oral antiemetics.[2]

Varubi® (rolapitant) is an NK1 receptor antagonist approved for use in combination with other antiemetic agents for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic chemotherapy, including highly emetogenic chemotherapy. Its prolonged receptor binding provides extended protection against delayed CINV.[3]

**Guidelines**
The National Comprehensive Cancer Network (NCCN) Antiemesis Guidelines recommend risk-adapted antiemetic prophylaxis based on the emetogenic potential of anticancer therapy. For patients receiving highly emetogenic chemotherapy and selected moderately emetogenic chemotherapy regimens, NCCN recommends the use of combination antiemetic regimens that include a 5-HT3 receptor antagonist, dexamethasone, and/or an NK1 receptor antagonist. These recommendations support the use of Akynzeo, Sancuso, and Varubi for prevention of nausea and vomiting associated with moderate- and high-emetic-risk anticancer therapy, including anticipatory emesis.[4]

NCCN also provides recommendations for prophylaxis and management of radiation-induced nausea and vomiting (RINV), including situations in which radiation therapy is administered concurrently with systemic anticancer treatment. Use of 5-HT3 receptor antagonists and NK1 receptor antagonist-containing regimens is recommended based on treatment-related emetic risk. These recommendations support coverage for RINV associated with concurrent chemotherapy and radiation therapy.[4]

In addition, NCCN recommends antiemetic prophylaxis for selected radiopharmaceutical therapies associated with emetogenic risk, including lutetium Lu-177 dotatate. The use of 5-HT3 receptor antagonists and NK1 receptor antagonist-based regimens for prophylaxis and management of radiopharmaceutical-induced nausea and vomiting is consistent with NCCN guidance.[4]

The American Society of Clinical Oncology (ASCO) Antiemetic Guideline similarly recommends multi-agent antiemetic prophylaxis incorporating 5-HT3 receptor antagonists, dexamethasone, and NK1 receptor antagonists for patients receiving highly emetogenic chemotherapy and selected moderately emetogenic chemotherapy regimens. These recommendations support the medically necessary use of Akynzeo, Sancuso, and Varubi for prevention of CINV associated with moderate- and high-emetic-risk anticancer therapies.[5]

For breakthrough nausea and vomiting, NCCN recommends the addition of an antiemetic agent from a different pharmacologic class than that used in the preventive regimen. Granisetron-containing therapies, including transdermal granisetron, are recognized treatment options for the prevention and management of treatment-related nausea and vomiting.[4]

The Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting (PONV) support the use of neurokinin-1 receptor antagonists as effective preventive therapy for postoperative nausea and vomiting. Evidence reviewed by the expert panel demonstrated that NK1 receptor antagonists provide prolonged antiemetic activity and are effective in reducing postoperative emesis, supporting the off-label use of Varubi for PONV.[6]

## Coverage Policy

**POLICY STATEMENT**
Prior Authorization is required for benefit coverage of Antiemetic Therapies (Akynzeo, Sancuso, Varubi). All approvals are provided for the duration noted below.

**Antiemetic Therapy are considered medically necessary when the following are met:**

**I. Akynzeo is considered medically necessary when the following are met.**
- A. Approve for 1 year if the patient meets **BOTH** of the following:
  1. **ONE** of the following:
     - a. Prevention of chemotherapy-induced nausea or vomiting associated with **ONE** of the following:
       - i. Parenteral anticancer therapy with high emetic risk
         Note: Includes anticipatory emesis.
       - ii. Parenteral anticancer therapy with moderate emetic risk
         Note: Includes anticipatory emesis.
     - b. Prevention of radiation-induced nausea or vomiting when radiation therapy is given in combination with parenteral anticancer therapy with moderate or high emetic risk
       Note: Includes anticipatory emesis.
     - c. Prevention of radiopharmaceutical-induced nausea or vomiting associated with Lutetium Lu-177 dotatate
  2. Preferred product criteria is met for the product as listed in the below table

**II. Sancuso is considered medically necessary when the following are met.**
- A. Approve for 1 year if the patient meets **ONE** of the following:
  1. Prevention of chemotherapy-induced nausea or vomiting associated with **ONE** of the following:
     1. Parenteral anticancer therapy with moderate or high emetic risk
        Note: Includes anticipatory emesis.
     2. Oral anticancer therapy with minimal-to-low or moderate-to-high emetic risk
        Note: Includes anticipatory emesis.
  2. Prevention of radiation-induced nausea or vomiting when radiation therapy is given in combination with oral or parenteral anticancer therapy
     Note: Includes anticipatory emesis.
  3. Breakthrough treatment of chemotherapy- or radiation-induced nausea or vomiting
  4. Prevention or breakthrough treatment of radiopharmaceutical-induced nausea or vomiting associated with Lutetium Lu-177 dotatate

**III. Varubi is considered medically necessary when the following are met.**

A. Approve for 1 year if the patient meets **BOTH** of the following:
   1. **ONE** of the following:
      a. Prevention of chemotherapy-induced nausea or vomiting associated with **ONE** of the following:
         i. High emetic risk for parenteral anticancer therapy
            Note: Includes anticipatory emesis.
         ii. Moderate emetic risk for parenteral anticancer therapy
            Note: Includes anticipatory emesis.
      b. Prevention of radiation-induced nausea or vomiting when radiation therapy is given in combination with parenteral anticancer therapy
         Note: Includes anticipatory emesis.
      c. Prevention of radiopharmaceutical-induced nausea or vomiting associated with Lutetium Lu-177 dotatate
      d. Postoperative nausea or vomiting
   2. Preferred product criteria is met for the product as listed in the below table

**Individual and Family Plans**

| Product | Criteria |
|---|---|
| **Akynzeo** (palonosetron/ netupitant) | Patient meets **ONE** of the following:<br>1. Patient has tried aprepitant capsules<br>2. Patient has already started Akynzeo to complete all cycles in the current course of chemotherapy. |
| **Varubi** (rolapitant) | Patient meets **ONE** of the following:<br>1. Patient has tried aprepitant capsules<br>2. Patient has already started Varubi to complete all cycles in the current course of chemotherapy. |

**Conditions Not Covered**

**Antiemetic Therapy for any other use is considered not medically necessary. Criteria will be updated as new published data are available).**

## References


1. Akynzeo® tablets [prescribing information]. Iselin, NJ; Helsinn Therapeutics (U.S.), Inc.; Revised January 2026.
2. Sancuso® tablets [prescribing information]. Cumberland Pharmaceuticals / Kyowa Kirin; Revised December 2022.
3. Varubi® tablets [prescribing information]. TerSera Therapeutics; Revised August 2020.
4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Antiemesis, Version 2.2026.
5. Hesketh PJ, et al. *Antiemetics: ASCO Guideline Update*. J Clin Oncol. 2020.
6. Gan TJ, Belani KG, Bergese S, et al: Fourth Consensus Guidelines for the management of postoperative nausea and vomiting. Anesth Analg 2020; 131(2):411-448.


## Revision Details

| Summary of Changes | Review Date | Effective Date |
|---|---|---|
| New Policy. | 7/16/2026 | 9/1/2026 |

The policy effective date is in force until updated or retired.