| Market Applicability | | | | | | | |
|----------------------|----|----|----|----|----|----|----|
| Market | DC | GA | KY | MD | NJ | NY | WA |
| Applicable | Χ | Χ | Х | Х | Χ | Х | Χ |

Anzemet (dolasetron) Quantity Limit

| Override(s) | Approval Duration |
|----------------|-------------------|
| Quantity Limit | 1 year |

| Medications | Quantity Limit |
|------------------------------------------|-----------------------|
| Anzemet (dolasetron) 50mg, 100mg tablets | 5 tablets per 30 days |

APPROVAL CRITERIA

May approve up to 100mg of Anzemet multiplied by the number of chemotherapy or radiation treatments per month.

Approve up to (30) 50mg or 100mg tablets per 30 days for treatment of persistent nausea and vomiting associated with palliative care after a trial and insufficient response or intolerance or contraindication to a dopamine antagonists (NCCN Guidelines Version 2.2019, Palliative Care).

Maximum is thirty (30) 50mg or 100mg tablets per month.

Key References:

- 1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: http://www.clinicalpharmacology.com. Updated periodically.
- 2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: September 27, 2019.
- 3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- 4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
- 5. Basch E, Prestrud AA, Hesketh PJ, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol. 29:4189-4198. DOI: 10.1200/JCO.2010.34.4614.
- 6. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on September 27, 2019. a. Antiemesis. V1.2019. Revised February 28, 2019.
 - b. Palliative Care. V2.2019. Revised February 8, 2019

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.