

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Akynzeo (fosnetupitant and palonosetron)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Akynzeo (fosnetupitant and palonosetron) injection	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Akynzeo (fosnetupitant and palonosetron) for injection may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is using for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy; **AND**
- III. Individual is using in combination with dexamethasone.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 8, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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