

Medical Drug Clinical Criteria

Subject:	Selected Injectable 5HT3 Antiemetic Agents		
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Table of Contents

Overview	Coding	References
Clinical criteria	Document history	

Overview

This document addresses the use of intravenous selective type 3 serotonin (5HT-3) receptor antagonists. Oral and topical agents are not addressed in this clinical guideline.

Serotonin (5-hydroxytryptamine [5-HT3]) receptors are associated with acute emesis. 5-HT3 receptor antagonists are used for the treatment of various types of nausea and vomiting, including nausea and vomiting related to cancer chemotherapy and post-operative nausea and vomiting).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Aloxi (palonosetron) injection

Requests for Aloxi (palonosetron) for adult individuals may be approved if the following criteria are met:

- I. Individual is 18 years of age or older and meets one of the following:
 - A. Individual is using for prevention of acute or delayed nausea and vomiting associated with initial and repeat courses of moderately or highly emetogenic cancer chemotherapy; **OR**
 - B. Individual is using for prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery;
- OR**
- II. Individual is 1 month to less than 17 years of age; **AND**
 - A. Individual is using for prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.

Aloxi (palonosetron) injection may not be approved when the above criteria are not met and for all other indications.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J2469 Injection, palonosetron HCl, 25 mcg

ICD-10 Diagnosis

R11.0-R11.2 Nausea and vomiting

T41.0X5A	Adverse effect of inhaled anesthetics, initial encounter
T41.1X5A	Adverse effect of intravenous anesthetics, initial encounter
T41.205A	Adverse effect of unspecified general anesthetics, initial encounter
T41.295A	Adverse effect of other general anesthetics, initial encounter
T41.45XA	Adverse effect of unspecified anesthetic, initial encounter
T45.1X5A- T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T88.59XA	Other complications of anesthesia, initial encounter
Z51.11-Z51.12	Encounter for antineoplastic chemotherapy and immunotherapy

Document History

Revised: 11/18/2022

Document History:

- 11/18/2022 – Annual Review: No changes. Coding Reviewed: No changes.
- 11/19/2021 – Annual Review: No Changes. Coding reviewed: No changes.
- 11/20/2020 – Annual Review: Wording and formatting changes. Coding Reviewed: Removed ICD-10-CM codes-C00.0-C96.9, D00.00-D09.9, K91.0, T81.89XA-T81.89XS, Z85.00-Z85.9. Added ICD-10-CM Codes T41.0X5A, T41.1X5A, T41.205A, T41.295A, T41.45XA, T45.1X5A-T45.1X5S, T45.95XA, T50.905A, T88.59XA, Z51.11-Z51.12.
- 11/15/2019 – Annual Review: Minor wording and formatting changes. Coding reviewed: No changes.
- 11/16/2018 – Annual Review: First P&T review for Selected Injectable 5HT3 Antiemetic Agents. No changes. Coding review. No changes to HCPCS and ICD-10.

References

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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
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 - a. Antiemesis. V2.2022. Revised March 23, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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