

## Aloxi® (palonosetron) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

- PONV: Coverage will be provided for 1 dose and may not be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC unit]:

- Aloxi 0.25 mg/5 mL solution for injection: 1 vial per 7 day supply
- Aloxi 0.075 mg/1.5 mL solution for injection: 1 vial

#### B. Max Units (per dose and over time) [HCPCS Unit]:

CINV:

- 10 billable units per 7 days

PONV:

- 3 billable units x 1 dose only

### III. Initial Approval Criteria

Coverage is provided in the following conditions:

#### Prevention of Chemotherapy induced Nausea and vomiting (CINV) in Adults † 1-4,6

- Patient meets one of the following criteria:
  - Patient is receiving highly emetogenic chemotherapy (HEC)\*; **OR**
  - Patient has failed\*\* with another 5HT3-antagonist (i.e., ondansetron or granisetron) while receiving the current chemotherapy regimen; **AND**
- Palonosetron is NOT covered for any of the following:
  - Breakthrough emesis

- Repeat dosing in multi-day emetogenic chemotherapy regimens

#### **Prevention of Chemotherapy induced Nausea and vomiting (CINV) in Pediatric Patients † 1-4,6**

- Patient is at least 1 month old and less than 17 years old; **AND**
- Patient is receiving emetogenic chemotherapy; **AND**
- Palonosetron is NOT covered for:
  - Breakthrough emesis; **OR**
  - Repeat dosing in multi-day emetogenic chemotherapy regimens

#### **Prevention of post-operative nausea and vomiting (PONV) in Adults † 1**

#### **\*Highly emetogenic chemotherapy (HEC):**

Highly Emetogenic Chemotherapy (HEC)			
Carboplatin	Carmustine	Cisplatin	Cyclophosphamide
Dacarbazine	Doxorubicin	Epirubicin	Fam-trastuzumab deruxtecan-nxki
Ifosfamide	Mechlorethamine	Melphalan $\geq 140$ mg/m <sup>2</sup>	Sacituzumab govitecan- hziy
Streptozocin			
The following can be considered HEC in certain patients			
Dactinomycin	Daunorubicin	Idarubicin	Irinotecan
Methotrexate $\geq 250$ mg/m <sup>2</sup>	Oxaliplatin	Trabectedin	
The following regimens can be considered HEC			
FOLFOX	FOLFIRI	FOLFIRINOX; FOLFOXIRI	AC (any anthracycline + cyclophosphamide)

#### **\*\* Failure is defined as:**

- Two or more documented episodes of vomiting attributed to the current chemotherapy regimen

† FDA Approved Indication(s); ‡ Compendium Recommended Indication(s); Ⓢ Orphan Drug

## **IV. Renewal Criteria 1-3**

Coverage may be renewed based upon the following criteria:

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serotonin syndrome, severe QT prolongation, severe hypersensitivity reactions (including anaphylaxis and anaphylactic shock), etc.

## V. Dosage/Administration <sup>1</sup>

Indication	Dose
Prevention of chemotherapy-induced nausea and vomiting in adults	Administer 0.25 mg intravenously, no more frequently than weekly, prior to emetogenic chemotherapy
Prevention of chemotherapy-induced nausea and vomiting in pediatrics	Administer 20 mcg/kg (max of 1.5 mg) intravenously, no more frequently than weekly, prior to emetogenic chemotherapy
Post-operative nausea and vomiting	Administer 0.075 mg intravenously immediately before the induction of anesthesia

## VI. Billing Code/Availability Information

### HCPCS Code:

- J2469 – Injection, palonosetron HCl, 25 mcg: 1 billable unit = 25 mcg (0.025 mg)

### NDC:

- Aloxi 0.25 mg/5 mL solution for injection; single-dose vial: 69639-103-xx\*
- Aloxi 0.075 mg/1.5 mL solution for injection; single-dose vial: 69639-103-xx (not commercially available)

*\*Generics available from multiple manufacturers*

## VII. References

1. Aloxi [package insert]. Switzerland; Helsinn Healthcare SA; April 2020. Accessed March 2023.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) palonosetron. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Antiemesis. Version 1.2023. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2023.

4. Roila F, Molassiotis A, Herrstedt J, et al. MASCC and ESMO Consensus Guidelines for the Prevention of Chemotherapy and Radiotherapy-Induced Nausea and Vomiting: ESMO Clinical Practice Guidelines. Ann Oncol (2016) 27 (suppl 5): v119-v133.
5. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. J Clin Oncol. 2017 Oct 1;35(28):3240-3261.
6. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: ASCO Guideline Update. Journal of Clinical Oncology 2020 38:24, 2782-2797.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
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	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent , initial encounter
T45.95XD	Adverse effect of unspecified primarily systemic and hematological agent, subsequent encounter
T45.95XS	Adverse effect of unspecified primarily systemic and hematological agent, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T88.59XA	Other complications of anesthesia, initial encounter
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs) and Local Coverage Article (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

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PreferredOne Insurance Company  
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Minneapolis, MN 55459-0212  
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Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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