

# Neurokinin-1 Receptor Antagonists



**Included Products:** Akynzeo (netupitant/palonosetron), Varubi (rolapitant)

Nonformulary for outpatient benefit. PA required on medical benefit. Aprepitant has its own criteria.

Created: 02/17/2015

Revised: 01/27/2021

Reviewed: 11/10/2022

Updated: 12/01/2022

## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member currently receiving treatment with a moderate to highly emetogenic chemotherapeutic agent?	Continue to #2.	Do not approve.
2.	Is the member receiving concurrent treatment with dexamethasone?	Continue to #3.	Do not approve.
3.	Is the member receiving a 5-hydroxytryptamine-3 receptor antagonist such as ondansetron, dolasetron, granisetron, or palonosetron (included in Akynzeo)?	Continue to #4.	Do not approve.
4.	Approve for requested duration of therapy.		