

Akynzeo (fosnetupitant and palonosetron)

Drug names	<div>1. Akynzeo for injection</div> <div>2. Fosnetupitant and palonosetron (combination drug)</div>						
Description	<div>Akynzeo (fosnetupitant and palonosetron) is used with dexamethasone to prevent nausea and vomiting caused by cancer medicines. It blocks signals to the brain that cause nausea and vomiting.</div> <div>It is administered by intravenous (IV) infusion.</div>						
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>A Medical Policy, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through health plan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
Mayo Medical Plan (MMP)	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: All providers, including Mayo Clinic providers, require PA.– Medicare supplement: PA does not apply.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
Medica (including MHPS)	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit, outpatient hospital, or Home IV Therapy benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Medica is the only payer.						
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit or Home IV Therapy benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.						
Med Advantage	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit or Home IV Therapy benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or Home IV Therapy benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>A Medical Policy, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through health plan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
Medica	<p>A Pharmacy Clinical Guideline, <i>Akynzeo (fosnetupitant/palonosetron)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.						
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