



Medical Necessity Criteria for Antiemetic Agents

Background – Antiemetic agents include granisetron tablets (Kytril), granisetron transdermal patch (Sancuso), dolasetron (Anzemet), ondansetron soluble film (Zuplenz) and ondansetron tablets, oral solution and orally disintegrating tablets [ODT] (Zofran). After evaluating the relative clinical and cost effectiveness of the antiemetics, the DoD P&T Committee recommended that the following medications be designated as non-formulary: dolasetron (Anzemet), granisetron patch (Sancuso) and ondansetron soluble film (Zuplenz). Note: non-formulary status does not apply to dolasetron injection, which must be given intravenously and is not typically dispensed through outpatient pharmacies. This recommendation has been approved by the Director, TMA.

Effective Date: 27 Sep 2006; 28 Sep 2009; 13 July 2011

Patients currently using Antiemetic Agents may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Antiemetic Agents*, **

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail Network (up to a 30-day supply)
Non-Formulary (Tier 3)	Dolasetron (Anzemet)*** Granisetron patch (Sancuso)*** Ondansetron soluble film (Zuplenz)	Not available ²	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Dronabinol (Marinol) Granisetron (Kytril)*** Ondansetron (Zofran)*** Scopolamine (Pamine, Pamine Forte, Scopace, Trans-Derm Scop)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	Meclizine Prochlorperazine Promethazine Thiethylperazine Trimethobenzamide	\$0	Generic cost share applies	Generic cost share applies

* Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.

** MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

*** Products in this drug class have several different mechanisms of action. Dronabinol, scopolamine, meclizine, prochlorperazine, thiethylperazine, and trimethobenzamide are not typically used for the same indications or in the same patient population as the serotonin receptor-3 (5-HT₃) antagonists, which comprise dolasetron (Anzemet), granisetron (Kytril), and ondansetron (Zofran). Accordingly, the most appropriate formulary alternatives for dolasetron (Anzemet) are granisetron (Kytril) or ondansetron (Zofran).

Medical Necessity Criteria for Anzemet, Sancuso, or Zuplenz

1. Use of both of the following formulary antiemetics is contraindicated: granisetron (Kytril) and ondansetron (Zofran).
2. The patient has experienced or is likely to experience significant adverse effects from both of the following formulary antiemetics: granisetron (Kytril) and ondansetron (Zofran).
3. Use of both of the following formulary antiemetics has resulted in therapeutic failure: granisetron (Kytril) and ondansetron (Zofran).
4. Patient has swallowing difficulties and is unable to use an antiemetic that is given by mouth.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the May 2006 meeting & approved by the Director, TMA on 26 July 2006. Sancuso patch criteria recommended by the DoD Pharmacy & Therapeutics Committee at the May 2009 meeting & approved by the Director, TMA on 17 Aug 2009. Zuplenz criteria recommended by the DoD Pharmacy & Therapeutics Committee at the February 2011 meeting & approved by the Director, TMA on 9 May 2011. For more information, please see the [DoD P & T Committee Minutes](#).

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