ANTIEMETIC AGENTS

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akynzeo</td>
<td>netupitant/palonosetron</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Aloxi Injection</td>
<td>palonosetron</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Emend</td>
<td>aprepitant</td>
<td>Per Medical Guidelines</td>
</tr>
<tr>
<td>Varubi</td>
<td>rolapitant</td>
<td>Per Medical Guidelines</td>
</tr>
</tbody>
</table>

Approvable Criteria:

1. Is the member 18 years of age or older?
   - If yes, continue to #2.
   - If no AND the request is for Aloxi, continue to #2.
   - If no AND the request is for Emend, continue to #5.
   - If no, do not approve.

2. Is the member being treated for the prevention of nausea/vomiting associated with cancer chemotherapy (for Akynzeo, Aloxi, Emend, and Varubi)?
   - If yes, continue to #3.
   - If no, continue to #4.

3. Is the medication being prescribed by or in consultation with an oncologist?
   - If yes, approve for the length of the chemotherapy authorization.
   - If no, do not approve.

4. Is the member being treated for the prevention of postoperative nausea/vomiting (PONV) (for Emend and Aloxi)?
   - If yes, approve for one dose only. (Efficacy beyond 24 hours has not been demonstrated.)
   - If no, do not approve.

5. Is the member 12 years of age or older and is being treated for prevention of nausea/vomiting associated with cancer chemotherapy?
   - If yes and the request is for Emend capsules, approve for the length of the chemotherapy authorization.
   - If yes and the request is for Emend injection, do not approve.
   - If no, continue to #6.

Continued on the following page...
ANTI-EMETIC AGENTS

6. Is the member less than 12 years of age who weighs at least 30 kg and is being treated for prevention of nausea/vomiting associated with cancer chemotherapy?
   • If yes and the request is for Emend capsules, approve for the length of the chemotherapy authorization.
   • If yes and the request is for Emend for injection, do not approve.
   • If no, do not approve.

QUANTITY LIMITS:

Aloxi Injection = 5mL x 30 days

Emend 40mg, 115mg, 125mg & 150mg = 2 x 30 days

Emend 80mg = 4 x 30 days

Emend Therapy Pack = 6 x 30 days

Varubi = 4 x 30 days

References:
• Emend prescribing information. Whitehouse Station, NJ: Merck & Co., Inc.; August 2015.
• Varubi prescribing information. Waltham, MA: Tesaro, Inc.; September 2015.