IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Summary

Overview
This policy will address the use of Anzemet (dolasetron mesylate) in the injectable form for chemotherapy induced nausea which is not an FDA approved use of the drug.

ISSUE: FDA notified healthcare professionals that a contraindication is being added to the prescribing information advising that the injection form of Anzemet (dolasetron mesylate) should no longer be used to prevent nausea and vomiting associated with cancer chemotherapy (CINV) in pediatric and adult patients. New data demonstrate that Anzemet injection can increase the risk of developing torsade de pointes, an abnormal heart rhythm, which in some cases can be fatal. Patients at particular risk are those with underlying heart conditions or those who have existing heart rate or rhythm problems. Anzemet causes a dose-dependent prolongation in the QT, PR, and QRS intervals on an electrocardiogram.

Reimbursement Guidelines
Anzemet injection may still be used for the prevention and treatment of postoperative nausea and vomiting because the lower doses used are less likely to affect the electrical activity of the heart and result in abnormal heart rhythms.

Anzemet tablets may still be used to prevent CINV because the risk of developing an abnormal heart rhythm with the oral form of this drug is less than that seen with the injection form. However, a stronger warning about this potential risk is being added to the Warnings and Precautions sections of the Anzemet tablet label.

*CMS provides Part B reimbursement for oral anti-emetic drugs when used as a full therapeutic replacement for intravenous dosage forms as part of a cancer chemotherapeutic regimen, when the drugs are administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of the chemotherapeutic agent. (Addressed in NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis)

CPT/HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J1260</td>
<td>Injection, dolasetron mesylate, 10 mg</td>
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<tr>
<td>Q0180</td>
<td>Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen</td>
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References Included (but not limited to):

**CMS NCD**
NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis

**CMS LCDs**
Numerous LCDs

**CMS Transmittal**
Oral Anti-Nausea (Anti-Emetic) Drugs. Transmittal 2931, Change Request 8418, Dated April 15, 2014

**UnitedHealthcare Medicare Advantage Coverage Summary**
Chemotherapy, Associated Drugs and Treatments

**MLN Matters**
Article MM8418, Aprepitant for Chemotherapy-Induced Emesis
# Anzemet for Chemotherapy Induced Nausea

**Others**

U.S. Food and Drug Administration
National Institutes of Health
ANZEMET ® (dolasetron mesylate)-Sanofi

## History

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<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>07/23/2014</td>
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