Palonosetron: Aloxi®; Posfrea™ (Intravenous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
  - Prevention of Post-Operative Nausea and Vomiting (PONV): Prior authorization validity will be provided for 1 dose
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Prevention of Post-Operative Nausea and Vomiting (PONV): Prior authorization validity may NOT be renewed

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

CINV:

- 10 billable units per 2 days

PONV:

- 3 billable units x 1 dose only

III. Initial Approval Criteria

Note: palonosetron (Aloxi, generic) [J2469] does not require prior authorization. These medication(s) are reviewed via the pre-payment claims edits program (PSCE) to diagnosis criteria and criteria for maximum units. Prior authorization criteria do not apply to palonosetron (Aloxi, generic) [J2469].

Prior authorization validity is provided in the following conditions:

- Patient must try and have an inadequate response, contraindication, or intolerance to Aloxi prior to approval of Posfrea; **AND**

Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) in Adults † ‡ [1-6]

- Member meets one of the following criteria:
  - Member is receiving highly or moderately emetogenic anticancer chemotherapy (HEC*/MEC**); **OR**
  - Member has failed**§** with another 5HT3-antagonist (i.e., ondansetron or granisetron) while receiving the current anticancer chemotherapy regimen; **OR**
  - Used in combination with olanzapine, neurokinin-1 receptor antagonist (NK-1 RA), and dexamethasone as a component of a 4-drug regimen if not previously given; **AND**
    - Member experienced emesis during a previous cycle of anticancer chemotherapy with a 3-drug regimen (olanzapine or NK-1 RA-containing regimen); **OR**
    - Member has additional risk factors for anticancer agent-induced nausea/vomiting **¥**; **AND**
- Palonosetron is NOT covered for:
  - Breakthrough emesis

§ NOTE: Failure is defined as two or more documented episodes of vomiting attributed to the current chemotherapy regimen

Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) in Pediatric Members † ‡ [1-6]

- Member is at least 1 month old and less than 17 years old; **AND**
- Member is receiving emetogenic chemotherapy; **AND**
- Palonosetron is NOT covered for:
  - Breakthrough emesis

Prevention of Post-Operative Nausea and Vomiting (PONV) in Adults † [1]

***Highly emetogenic chemotherapy (HEC)**:

Highly Emetogenic Chemotherapy (HEC) [3]			
Busulfan^	Carboplatin AUC ≥4	Carmustine >250 mg/m^2	Cisplatin
Cyclophosphamide >1500 mg/m^2	Dacarbazine	Datopotamab deruxtecan-dlnk	Doxorubicin ≥60 mg/m^2
Epirubicin >90 mg/m^2	Fam-trastuzumab deruxtecan-nxki	Ifosfamide ≥2 g/m^2 per dose	Mechlorethamine
Melphalan^	Sacituzumab govitecan-hziy	Streptozocin	Thiotepa^

Zolbetuximab-clzb			
The following can be considered HEC in certain members [3]			
Carboplatin AUC < 4	Carmustine ≤250 mg/m^2	Cyclophosphamide ≤1500 mg/m^2	Dactinomycin
Daunorubicin	Doxorubicin <60 mg/m^2	Epirubicin ≤90 mg/m^2	Idarubicin
Ifosfamide <2 g/m^2 per dose	Irinotecan	Methotrexate ≥250 mg/m^2	Oxaliplatin
Trabectedin			
The following regimens can be considered HEC [3]			
FOLFOX	FOLFIRI	FOLFIRINOX; FOLFOXIRI	AC (any anthracycline + cyclophosphamide)

^Note: These agents should be considered highly emetogenic chemotherapy (HEC) when used in the hematopoietic cell transplant (HCT) setting

****Moderately emetogenic chemotherapy (MEC)**:

Moderately Emetogenic Chemotherapy (MEC) [3]			
Aldesleukin >12–15 million IU/m^2 or 600,000 IU/kg	Bendamustine	Clofarabine	Cytarabine >200 mg/m^2
Dinutuximab	Dual-drug liposomal encapsulation of cytarabine and daunorubicin	Irinotecan (liposomal)	Lurbinectedin
Mirvetuximab soravtansine-gynx	Naxitamab-gqgk	Romidepsin	Temozolomide
Treosulfan			

¥ Member risk factors for anticancer agent-induced nausea/vomiting [3]

- Younger age
- Female sex
- Previous history of anticancer agent-induced nausea and vomiting (chemotherapy-induced nausea and vomiting [CINV])
- Little or no previous alcohol use
- Prone to motion sickness
- History of morning sickness during pregnancy
- Anxiety/high pretreatment expectation of nausea
- Less than 7 hours of sleep the night before chemotherapy
- Partial or complete bowel obstruction
- Vestibular dysfunction

- Brain metastases
- Electrolyte imbalance: hypercalcemia, hyperglycemia, or hyponatremia
- Uremia
- Concomitant drug treatments, including opioids
- Supplements/herbal products
- Gastroparesis: tumor or chemotherapy (e.g., vincristine) induced or other causes (e.g., diabetes)
- Excessive secretions (e.g., seen in members with head and neck cancers)
- Malignant ascites
- Psychophysiologic: Anxiety or anticipatory nausea/vomiting
- Cannabinoid hyperemesis syndrome
- Rapid opioid withdrawal
- Pancreatitis
- Dysmotility
- Concomitant radiation therapy (RT), especially total body irradiation (TBI) and RT directed at the abdomen or brain

† FDA Approved Indication(s); ‡ Compendium Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-4]

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Beneficial response as evidenced by reduction in nausea and/or vomiting; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: serotonin syndrome (e.g., mental status changes, autonomic instability, neuromuscular symptoms, etc.), severe hypersensitivity reactions (including anaphylaxis and anaphylactic shock), etc.

V. Dosage/Administration [1,2,4,7]

Indication	Dose
Prevention of chemotherapy-induced nausea and vomiting in adults	Administer 0.25 mg intravenously, no more frequently than every 2 days (48 hours), prior to emetogenic chemotherapy
Prevention of chemotherapy-induced nausea and vomiting in pediatric members (1 month to less than 17 years of age)	Administer 20 mcg/kg (max of 1.5 mg) intravenously, no more frequently than every 2 days (48 hours), prior to emetogenic chemotherapy
Post-operative nausea and vomiting	Administer 0.075 mg intravenously immediately before the induction of anesthesia

VI. Billing Code/Availability Information

HCPCS Code(s):

- J2469 – Injection, palonosetron hcl, 25 mcg: 1 billable unit = 25 mcg (0.025 mg)
- J2468 – Injection, palonosetron hydrochloride (posfrea), 25 micrograms; 1 billable unit = 25 mcg (0.025 mg) **Ψ** (Posfrea only)

NDC(s):

- Aloxi 0.25 mg/5 mL solution for injection in a single-dose vial: 69639-103-xx **§**
- Aloxi 0.075 mg/1.5 mL solution for injection in a single-dose vial: 69639-103-xx (not commercially available)
- Posfrea 0.25 mg/5 mL solution for injection in a single-dose vial: 83831-0105-xx **Ψ**
- Posfrea 0.075 mg/1.5 mL solution for injection in a single-dose vial: 83831-0104-xx **Ψ**

§ *Available as a multi-sourced generic*

Ψ *Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at National Drug Code Directory for palonosetron. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA*

VII. References

1. Aloxi [package insert]. Switzerland; Helsinn Healthcare SA; April 2020. Accessed May 2026.
2. Posfrea [package insert]. New Jersey, USA; Avyxa Pharma, LLC; April 2025. Accessed May 2026.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) palonosetron. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Antiemesis. Version 1.2026. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2026.
5. Ruhlmann, C.H., Jordan, K., Jahn, F. *et al.* 2023 Updated MASCC/ESMO Consensus Recommendations: prevention of radiotherapy- and chemoradiotherapy-induced nausea and vomiting. *Support Care Cancer* 32, 26 (2024). https://doi.org/10.1007/s00520-023-08226-z

6. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: ASCO Guideline Update. Journal of Clinical Oncology 2020 38:24, 2782-2797.
7. Einhorn, L.H., Brames, M.J., Dreicer, R. et al. Palonosetron plus dexamethasone for prevention of chemotherapy-induced nausea and vomiting in patients receiving multiple-day cisplatin chemotherapy for germ cell cancer. Support Care Cancer 15, 1293–1300 (2007). https://doi.org/10.1007/s00520-007-0255-6

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T41.0X5A	Adverse effect of inhaled anesthetics, initial encounter
T41.1X5A	Adverse effect of intravenous anesthetics, initial encounter
T41.205A	Adverse effect of unspecified general anesthetics, initial encounter
T41.295A	Adverse effect of other general anesthetics, initial encounter
T41.45XA	Adverse effect of unspecified anesthetic, initial encounter
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter

ICD-10	ICD-10 Description
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent , initial encounter
T45.95XD	Adverse effect of unspecified primarily systemic and hematological agent, subsequent encounter
T45.95XS	Adverse effect of unspecified primarily systemic and hematological agent, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T88.59XA	Other complications of anesthesia, initial encounter
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA,HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC