



Palonosetron HCL Injection (Aloxi®)

Policy Number: M-0041

Payment will not be made for any use of these drugs outside of the criteria without prior authorization. The member may not be billed unless the member explicitly agrees in writing to be responsible for the charges in accordance with the contract/provider manual. Prior authorization will only be given if the provider demonstrates the intended use meets Medicare coverage guidelines.

Coverage Guidelines:

Palonosetron (Aloxi®):

FDA

1. Chemotherapy-induced nausea and vomiting, Acute, associated with highly emetogenic chemotherapy; Prophylaxis
2. Chemotherapy-induced nausea and vomiting, Acute, associated with moderately emetogenic chemotherapy; Prophylaxis
3. Chemotherapy-induced nausea and vomiting, Delayed, associated with moderately emetogenic chemotherapy; Prophylaxis
4. Postoperative nausea and vomiting; Prophylaxis

Coding Information:

HCPCS Code(s)

J2469	INJECTION, PALONOSETRON HCL, 25 MCG
-------	-------------------------------------

ICD-9 Codes that Support Medical Necessity

The correct use of an ICD-9-CM code listed in the “ICD-9 Codes that Support Medical Necessity” section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-9-CM Guidelines for Coding and Reporting’ in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).



Use V07.8 for prevention of post-operative nausea and vomiting up to 24 hours following surgery.

E930.7	ANTINEOPLASTIC ANTIBIOTICS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE
E933.1	ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE
V07.8	OTHER SPECIFIED PROPHYLACTIC OR TREATMENT MEASURE

ICD-9 Codes that DO NOT Support Medical Necessity

Any ICD-9 code that is not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

Diagnoses that DO NOT Support Medical Necessity

Any diagnoses that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this LCD.

Indications and Limitations:

Indications

1. Prevention of acute nausea and vomiting associated with initial and repeat courses of moderately and highly emetogenic cancer chemotherapy;
2. Prevention of delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy;
3. Prevention of postoperative nausea and vomiting for up to 24 hours following surgery. Efficacy beyond 24 hours has not been established.

Background:

Palonosetron HCl is a serotonin subtype 3 (5-HT3) receptor antagonist. 5-HT3 receptors are involved during the emetic response.

Definitions:

HCCPS Code—Healthcare Common Procedure Coding System - A system of letter and number codes assigned to procedures, medications, supplies and equipment used for pricing and billing.

This policy has been developed by VIVA Health to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. Treating providers are solely responsible for medical advice and treatment of members. This document contains confidential and proprietary information of VIVA Health and cannot be reproduced, distributed or printed without permission from VIVA Health. This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with VIVA Health. This policy may be updated and is subject to change.



ICD-9 Code—International Classification of Disease, 9th edition. A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a 6-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both US and internationally.

References:

1. Aloxi[®] [package insert]. Albuquerque, NM: OSO Biopharmaceuticals, LLC; 2008.
2. Local Coverage Determination for Drugs and Biologicals: Palonosetron HCL Injection (L30033). Available at [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30033&ContrlId=213&ver=21&ContrVer=1&CntrctrSelected=213*1&Cntrctr=213&name=Cahaba+Government+Benefit+Administrators%u00ae%2c+LLC+\(10102%2c+MAC+-+Part+B\)&s=2&bc=AggAAAAIAAAA&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30033&ContrlId=213&ver=21&ContrVer=1&CntrctrSelected=213*1&Cntrctr=213&name=Cahaba+Government+Benefit+Administrators%u00ae%2c+LLC+(10102%2c+MAC+-+Part+B)&s=2&bc=AggAAAAIAAAA&). Accessed November 06, 2012.
3. Micromedex Website. Available at: http://www.thomsonhc.com.ezproxy.samford.edu/micromedex2/librarian/ND_T/evidencexpert/ND_PR/evidencexpert/CS/7D8872/ND_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/3D3E20/ND_PG/evidencexpert/ND_B/evidencexpert/ND_P/evidencexpert/PFActionId/evidencexpert.DisplayDrugdexDocument?docId=0514&contentSetId=31&title=Palonosetron+Hydrochloride&servicesTitle=Palonosetron+Hydrochloride&topicId=clinicalApplicationsSection&subtopicId=therapeuticUsesSection. Accessed November 06, 2012.

Document History:

Date Written: 11/06/2012

Effective Date: 1/1/13

Revised:

Reviewed: 11/12/12

External Review: 12/18/12