Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines:
Akynzeo (netupitant/palonosetron)

Effective: August 11, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Akynzeo (netupitant/palonosetron) is a fixed combination of netupitant, a substance P/neurokinin 1 (NK_1) receptor antagonist, and palonosetron, a serotonin-3 ($5\text{-}HT_3$) and neurokinin 1 (NK_1) receptor antagonist indicated in combination with dexamethasone in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy. Oral palonosetron prevents nausea and vomiting during the acute phase and netupitant prevents nausea and vomiting during both the acute and delayed phase after cancer chemotherapy.

Clinical Guideline Coverage Criteria

The plan may authorize coverage of Akynzeo (netupitant/palonosetron) when **ALL** of the following criteria are met:

1. Akynzeo is being requested for the prevention of nausea and vomiting associated with cancer chemotherapy

AND

2. Patient is 18 years of age or older

AND

3. Patient is receiving moderately to highly emetogenic intravenous chemotherapy as defined by NCCN Clinical Practice Guidelines for Antiemesis

AND

4. Akynzeo will be taken with dexamethasone

Limitations

1. For a non-formulary medication request, please refer to the Pharmacy Medical Necessity Guidelines for Formulary Exceptions and submit a formulary exception request to the plan as indicated.

Codes

None

References

1. Akynzeo (netupitant/palonosetron) [prescribing information]. Iselin, NJ: Helsinn Therapeutics (U.S.), Inc.; February 2023.
2. NCCN Clinical Practice Guidelines in Oncology, Antiemesis Version 2.2026.

Approval And Revision History

September 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- August 8, 2023: No changes
- August 13, 2024: No changes

- August 12, 2025: Administrative update to add limitation statement for non-formulary medication request.
- August 11, 2026: Administrative update to remove Carelink from Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.