EmblemHealth

Varubi® (rolapitant) intravenous

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Definitions

Varubi (rolapitant) is FDA approved to prevent delayed phase chemotherapy-induced nausea and vomiting (emesis). It was approved in combination with other antiemetic agents (Dexamethasone and 5-HT3 antagonists) to prevent nausea and vomiting with initial and repeated courses of emetogenic chemotherapy, including, but not limited to, highly emetogenic cemotherapy.

Varubi (rolapitant) prevents delayed nausea and vomiting associated with emetogenic chemotherapy. It does this as competitive and selective antagonist inhibiting the substance P/neurokinin 1(NK1) receptor.

Highly Emetogenic Chemotherapy (HEC)			
Carboplatin	Carmustine	Cisplatin	Cyclophosphamide
Dacarbazine	Doxorubicin	Epirubicin	Ifosfamide
Mechlorethamine	Streptozocin	FOLFOX Regimen	
Moderately Emetogenic Chemotherapy (MEC)			
Aldesleukin	Amifostine	Arsenic Trioxide	Azacitidine
Bendamustine	Busulfan	Clofarabine	Cytarabine
Dactinomycin	Daunorubicin	Dinutuximab	Idarubicin
Interferon alfa	Irinotecan	Melphalan	Methotrexate
Oxaliplatin	Temozolomide	Trabectedin	Daunorubicin Liposomal; Cytarabine Liposomal

Dosing

Max units (per dose and over time):

- 360 billable units every 14 days

Guideline

Varubi (rolapitant) is considered medically necessary when the following criteria are met:

- Patient age of 18 years or older; **AND**
- Patient is receiving highly or moderately emetogenic chemotherapy; **AND**
- Varubi will be used in combination with a 5-HT_3 receptor antagonist (e.g., ondansetron, granisetron, palonosetron); **AND**
- Varubi will be used in combination with a corticosteroid such as dexamethasone; **AND**
- Patient will not concurrently receive CYP2D6 substrates with a narrow therapeutic index (e.g., thioridazine, pimozide)

Coverage for Varubi (rolapitant) may be renewed when the following criteria are met:

- Patient continues to meet criteria identified in the initial approval criteria; **AND**
- Disease response; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: reactions related to drug interactions, severe neutropenia, etc.

Limitations/Exclusions

- Initial approval is granted for 6 months and may be renewed

Revisions

12/3/2018 – Added J2797 and removed J3490, C9464 from Applicable Procedure Codes.

Applicable Billing Codes

J2797	Injection, rolapitant, 0.5 mg

Applicable Diagnosis Codes

R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.13	Vomiting of fecal matter
R11.14	Bilious vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

References

1. Varubi [package insert]. Waltham, MA; Tesaro, Inc; March 2018. Accessed March 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Rolapitant. National Comprehensive Cancer Network, 2018. 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. March 2018.