Aprepitant; fosaprepitant
Policy Number: C4222-C

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
6/12/2014	12/4/2019	12/4/2020
J CODE	**TYPE OF CRITERIA**	**LAST P&T APPROVAL/VERSION**
J3490-CINVANTI J8501-EMEND ORAL C9463-EMEND INJ	RxPA	Q1 2020 20200122C4222-C

PRODUCTS AFFECTED:
aprepitant, Emend, Cinvanti, fosaprepitant

DRUG CLASS:
Antiemetic, highly selective substance P neurokinin 1 (NK1) receptor antagonist

ROUTE OF ADMINISTRATION:
Oral or Intravenous

PLACE OF SERVICE:
Oral- Retail Pharmacy, Intravenous- infusion center (buy & bill/specialty pharmacy; not for self-administration)
The recommendation is that medications in this policy will be for medical benefit coverage and the IV infusion products administered in a place of service that is a non-hospital facility based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center)

AVAILABLE DOSAGE FORMS:
Capsules: 40mg, 80mg, and 125mg, Oral Solution: 125mg kit, Powdered Solution for Injection: 150mg, 130mg/18mL emulsion (CINVANTI)

FDA-APPROVED USES:
Chemotherapy-induced nausea/vomiting (CINV) prophylaxis, Post- operative nausea/vomiting (PONV) prophylaxis IN ADULTS

COMPENDIAL APPROVED OFF-LABELED USES:
None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: Chemotherapy-induced nausea/vomiting (CINV) prophylaxis, Post-operative nausea/vomiting (PONV) prophylaxis IN ADULTS

REQUIRED MEDICAL INFORMATION:
A. CHEMOTHERAPY-INDUCED NAUSEA/VOMITINGPROPHYLAXIS:

1. Documentation that aprepitant/fosaprepitant is being prescribed for the prevention of nausea and vomiting associated with highly or moderately emetogenic chemotherapy (see Appendix)
   AND

2. Medication will be used in combination with other antiemetic agents (5HT3 antagonist) AND
3. Medication will be used in combination with corticosteroid such a dexamethasone, unless documentation of contraindication to dexamethasone is provided AND
4. Patient is not currently taking any concurrent CYP2D6-substrate with a narrow therapeutic index such as pimozide (Orap)

B. POST-OPERATIVE NAUSEA/VOMITING PROPHYLAXIS:
1. Prescriber is requesting the 40mg capsule for indication AND
2. Documentation the patient has tried and failed formulary agents (ondansetron and IV granisetron) AND
3. Patient is not currently taking any concurrent CYP2D6-substrate with a narrow therapeutic index such as pimozide (Orap)

(NOTE: the proper succession for these criteria can be found within compendia monographs, FDA label or NCCN guidelines; IF compendia monographs, FDA label or NCCN guidelines have a formulary/preferred product at therapeutic parity with requested agent a formulary/preferred product should be used first where state regulations allow) Molina reviewers and delegates will comply with all regulations and requirements applicable to the review of the request, providing exception to our standard criteria as may be required under state regulations and requirements.

DURATION OF APPROVAL:
Initial authorization: 3 months (or length of chemotherapy whichever is shorter) Continuation of Therapy: 3 months (or length of chemotherapy whichever is shorter)

QUANTITY:
Emend 80 mg Capsules: 16 capsules / 28 days
Emend 125 mg Capsules: 4 capsules / 28 days
Emend Tri-pack (contains one 125mg and two 80mg): 4 packs / 28 days Emend 125 mg for Oral Suspension (Single-Dose Kit): 12 kits / 28 days Emend 150 mg Injection: 4 vials / 28 days Emend 40 mg capsule: 6 capsules / 6 months Cinvanti 130mg vial: 4 vials/28 days

Quantities above the program set limit will be approved when ONE of the following is met: 1.The patient has cancer chemotherapy related nausea and vomiting and will be receiving chemotherapy more than 7 days per month
OR
2.The patient has delayed emesis in highly emetogenic chemotherapy OR
3.The patient has radiation therapy induced nausea and vomiting and radiation treatment that extends beyond 7 days per month
OR
4.The prescriber has submitted documentation in support of the requested therapeutic use and quantity for the requested medication which has been reviewed and approved by the Clinical Review pharmacist

PRESCRIBER REQUIREMENTS:
No requirements

AGE RESTRICTIONS:
Chemotherapy-induced nausea/vomiting (CINV) prophylaxis: Six months of age and older Post- operative nausea/vomiting (PONV) prophylaxis: 18 years of age and older

GENDER:
Male and female

CONTINUATION OF THERAPY:

A. FOR ALL INDICATIONS:

1. Documentation demonstrating patient is having a positive response to therapy AND
2. Documentation of current (updated since initial auth) treatment plan which shows all chemotherapy agents; frequency, cycle length and duration of therapy

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

Hypersensitivity to aprepitant or fosaprepitant, Contraindication with pimozide

OTHER SPECIAL CONSIDERATIONS:

Safety and efficacy has not been established for those younger than six month, Dose adjustment for hepatic impairment, Pregnancy and breast-feeding: no studies with human fetus, but rabbits/rats fetus were AFFECTED (and some terminated)

BACKGROUND:

None

APPENDIX:

EMETOGENIC POTENTIAL OF PARENTERAL ANTICANCER AGENTS[a]

LEVEL	AGENT		
High emetic risk (>90% frequency of emesis)[b,c]	• AC combination defined as any chemotherapy regimen that contains an anthracycline and cyclophosphamide • Carboplatin AUC ≥4	• Carmustine >250 mg/m² • Cisplatin • Cyclophosphamide >1,500 mg/m² • Dacarbazine • Doxorubicin ≥60 mg/m²	• Epirubicin >90 mg/m² • Ifosfamide ≥2 g/m² per dose • Mechlorethamine • Streptozocin
Moderate emetic risk (>30%–90% frequency of emesis)[b,c]	• Aldesleukin >12–15 million IU/m² • Amifostine >300 mg/m² • Arsenic trioxide • Azacitidine • Bendamustine • Busulfan • Carboplatin AUC <4[d] • Carmustine[d] ≤250 mg/m² • Clofarabine • Cyclophosphamide ≤1500 mg/m²[d] • Cytarabine >200 mg/m²	• Dactinomycin[d] • Daunorubicin[d] • Dual-drug liposomal encapsulation of cytarabine and daunorubicin • Dinutuximab • Doxorubicin[d] <60 mg/m² • Epirubicin[d] ≤90 mg/m² • Idarubicin • Ifosfamide[d] <2 g/m² per dose • Interferon alfa ≥10 million IU/m² • Irinotecan[d]	• Irinotecan (liposomal) • Melphalan • Methotrexate[d] ≥250 mg/m² • Oxaliplatin[d] • Temozolomide • Trabectedin[d]

Adapted with permission from:
Hesketh PJ, Kris MG, Grunberg SM, et al. Proposal for classifying the acute emetogenicity of cancer chemotherapy. J Clin Oncol 1997;15:103-109.
Grunberg SM, Warr D, Gralla RJ, et al. Evaluation of new antiemetic agents and definition of antineoplastic agent emetogenicity--state of the art. Support Care Cancer 2011;19:S43-47.

[a] Potential drug interactions between antineoplastic agents/antiemetic therapies and various other drugs should always be considered.

EMETOGENIC POTENTIAL OF PARENTERAL ANTICANCER AGENTS[a]

LEVEL	AGENT			
Low emetic risk (10%–30% frequency of emesis)[b,e]	• Ado-trastuzumab emtansine • Aldesleukin ≤12 million IU/m² • Amifostine ≤300 mg/m² • Axicabtagene ciloleucel[f] • Belinostat • Brentuximab vedotin • Cabazitaxel • Carfilzomib • Copanlisib • Cytarabine (low dose) 100–200 mg/m²	• Docetaxel • Doxorubicin (liposomal) • Eribulin • Etoposide • 5-Fluorouracil (5-FU) • Floxuridine • Gemcitabine • Gemtuzumab ozogamicin • Inotuzumab ozogamicin • Interferon alfa >5 - <10 million international units/m²	• Ixabepilone • Methotrexate >50 mg/m² - <250 mg/m² • Mitomycin • Mitoxantrone • Necitumumab • Olaratumab • Omacetaxine • Paclitaxel • Paclitaxel-albumin • Pemetrexed	• Pentostatin • Pralatrexate • Romidepsin • Talimogene laherparepvec • Thiotepa • Tisagenlecleucel[f] • Topotecan • Ziv-aflibercept
Minimal emetic risk (<10% frequency of emesis)[b,e]	• Alemtuzumab • Atezolizumab[g] • Avelumab[g] • Asparaginase • Bevacizumab • Bleomycin • Blinatumomab • Bortezomib • Cetuximab • Cladribine • Cytarabine <100 mg/m²	• Daratumumab • Decitabine • Denileukin diftitox • Dexrazoxane • Durvalumab[g] • Elotuzumab • Fludarabine • Interferon alpha ≤5 million IU/m² • Ipilimumab[g] • Methotrexate ≤50 mg/m²	• Nelarabine • Nivolumab[g] • Obinutuzumab • Ofatumumab • Panitumumab • Pegaspargase • Peginterferon • Pembrolizumab[g] • Pertuzumab • Ramucirumab • Rituximab	• Rituximab and hyaluronidase human injection for SQ use • Siltuximab • Temsirolimus • Trastuzumab • Valrubicin • Vinblastine • Vincristine • Vincristine (liposomal) • Vinorelbine

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[a] Potential drug interactions between antineoplastic agents/antiemetic therapies and various other drugs should always be considered.

EMETOGENIC POTENTIAL OF ORAL ANTICANCER AGENTS[a]

LEVEL	AGENT			
Moderate to high emetic risk[b,z] (≥30% frequency of emesis)	• Altretamine • Busulfan (≥4 mg/d) • Ceritinib • Crizotinib • Cyclophosphamide (≥100 mg/m²/d)	• Dabrafenib • Enasidenib • Estramustine • Etoposide • Lenvatinib • Lomustine (single day)	• Midostaurin • Mitotane • Niraparib • Olaparib • Procarbazine • Rucaparib	• Temozolomide (>75 mg/m²/d) • Trifluridine/tipiracil
Minimal to low emetic risk[b] (<30% frequency of emesis)	• Abemaciclib • Acalabrutinib • Afatinib • Alectinib • Axitinib • Binimetinib • Bexarotene • Brigatinib • Bosutinib • Busulfan (<4 mg/d) • Cabozantinib • Capecitabine • Chlorambucil • Cobimetinib • Cyclophosphamide (<100 mg/m²/d) • Dacomitinib • Dasatinib • Duvelisib	• Encorafenib • Erlotinib • Everolimus • Fludarabine • Gefitinib • Gilteritinib • Glasdegib • Hydroxyurea • Ibrutinib • Idelalisib • Imatinib • Ixazomib • Ivosidenib • Lapatinib • Larotrectinib • Lenalidomide • Lorlatinib • Melphalan • Mercaptopurine	• Methotrexate • Nilotinib • Neratinib • Osimertinib • Palbociclib • Panobinostat • Pazopanib • Pomalidomide • Ponatinib • Regorafenib • Ribociclib • Ruxolitinib • Sonidegib • Sorafenib • Sunitinib • Talazoparib tosylate • Temozolomide (≤75 mg/m²/d[aa] • Thalidomide	• Thioguanine • Topotecan • Trametinib • Tretinoin • Vandetanib • Vemurafenib • Venetoclax • Vismodegib • Vorinostat

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Hesketh PJ, Kris MG, Grunberg SM, et al. Proposal for classifying the acute emetogenicity of cancer chemotherapy. J Clin Oncol 1997;15:103-109.
Grunberg SM, Warr D, Gralla RJ, et al. Evaluation of new antiemetic agents and definition of antineoplastic agent emetogenicity-state of the art. Support Care Cancer 2011;19:S43-47.
[a] Potential drug interactions between antineoplastic agents/antiemetic therapies and various other drugs should always be considered.

NCCN & ASCO Antiemetic Guidelines LINK

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

REFERENCES:

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