Medical Drug Clinical Criteria

Subject:	Selected Injectable NK-1 Antiemetic Agents		
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Overview

This document addresses the use of injectable neurokinin 1 (NK-1) receptor antagonist injections: Emend, Focinvez, and Cinvanti. Oral NK-1 receptor antagonists are not addressed in this document.

Neurokinin-1 receptors, which are in the vomiting and vestibular centers of the brain, are thought to be involved in emesis. NK1 receptors are associated with delayed emesis via a central pathway. Because no final common pathway for emesis has been identified, no single agent is expected to provide complete protection from emesis due to chemotherapy.

Emend, Focinvez, and Cinvanti are recommended for use in the treatment of acute and delayed nausea and vomiting, in combination with serotonin (5-HT3) receptor antagonists and a corticosteroid (usually dexamethasone). Emend, Focinvez, and Cinvanti are recommended for use for highly emetogenic and moderately emetogenic chemotherapy (NCCN 2022).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

fosaprepitant (Emend, Focinvez) injection

Requests for fosaprepitant (Emend, Focinvez) Injectable may be approved if the following criteria are met:

I. Individual is using to prevent acute and delayed nausea and vomiting associated with initial and repeat courses of highly and moderately emetogenic cancer chemotherapy; **AND**
II. Individual is using in combination with other antiemetic agents (serotonin receptor antagonist [5HT-3] and dexamethasone) (NCCN 1, Label).

fosaprepitant (Emend, Focinvez) injection may not be approved for the following:

I. All other indications not included above; **OR**
II. Treatment of established nausea and vomiting; **OR**
III. Concomitant use with pimozide (Orap).

Cinvanti (aprepitant) injection

Requests for Cinvanti (aprepitant) injection may be approved if the following criteria are met:

I. Individual is using to prevent acute and delayed nausea and vomiting associated with initial and repeat courses of highly or moderately emetogenic cancer chemotherapy; **AND**
II. Individual is using in combination with other antiemetic agents (serotonin receptor antagonist [5HT-3] and dexamethasone) (NCCN 1, Label).

Cinvanti (aprepitant) injection may not be approved for the following:

I. All other indications not included above; **OR**

II. Treatment of established nausea and vomiting; **OR**
III. Concomitant use with pimozide (Orap).

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS	
J1453	Injection, fosaprepitant, 1 mg [Emend]
J1456	Injection, fosaprepitant, 1 mg (Teva)
J0185	Injection, aprepitant, 130 mg/18 mL [Cinvanti]
C9145	Injection, aprepitant, 1 mg [Aponvie]
J3490	Unclassified drugs (when specified as [Focinvez] (fosaprepitant))

ICD-10 Diagnosis	
C00.0-C96.9	Malignant neoplasms
R11.0-R11.2	Nausea and vomiting
Z51.11-Z51.12	Encounter for antineoplastic chemotherapy
T45.1X5A-T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances

Document History

Revised: 11/17/2023
Document History:

- 11/17/2023 – Annual Review: Add Focinvez criteria. Coding Reviewed: Added HCPCS J3490.
- 11/18/2022 – Annual Review: Wording and formatting changes. Coding Reviewed: No changes. Effective 1/1/2023 Added HCPCS J1456. Effective 4/1/2023 Added HCPCS C9145.
- 11/19/2021 – Annual Review: No changes. Coding Reviewed: No changes.
- 11/20/2020 – Annual Review: Update criteria to remove obsolete agent (injectable Varubi). Wording and formatting changes. Coding Reviewed: Removed HCPCS J2797. Removed ICD-10-CM Z85.00-Z85.9. D00.00-D09.9 Added ICD-10-CM Z51.12, T45.1X5A-T45.1X5S, T45.95XA, T50.905A.
- 11/15/2019 – Annual Review; Update dosing regimen in quantity limit section for Cinvanti per label; minor wording and formatting changes. Coding Reviewed: No changes.
- 11/16/2018 – Annual Review: First review of Selected Injectable NK-1 Antiemetic Agents; Updated Emend injection prior authorization to detail situations where Emend injection would not be approved based on label; Proposed new prior authorizations for Varubi and Cinvanti per label and NCCN. Added HCPCS: J0185 and J2797. No change in ICD-10 code.

References

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Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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