Medical Policy

Emend® (fosaprepitant dimeglumine)	
MEDICAL POLICY NUMBER	MED_Clin_Ops-113
CURRENT VERSION EFFECTIVE DATE	01/01/2024
APPLICABLE PRODUCT AND MARKET	Individual Family Plan: ALL Small Group: ALL Medicare Advantage: ALL

PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for Emend® (fosaprepitant dimeglumine) therapy.

POLICY

Prior Authorization and Medical Review is required.

Coverage for Emend will be provided for six months and may be renewed.

- Max Units (per dose and over time): 150 billable units per 7 days

Initial

A. Patient is 6 months of age or older; **AND**
B. Patient is not taking pimozide concurrently; **AND**

Prevention of Chemotherapy induced Nausea and vomiting (CINV)

A. Patient is receiving highly* and/or moderately** emetogenic chemotherapy; **AND**
B. Emend will be used in combination with a 5-HT3 antagonist such as ondansetron, granisetron, palonosetron, etc.; **AND**
C. Emend will be used in combination with a corticosteroid such as dexamethasone.

*Highly Emetogenic Chemotherapy (HEC)
Carboplatin
Carmustine
Cisplatin
Cyclophosphamide
Dacarbazine
Doxorubicin
Epirubicin
Mechlorethamine
Streptozocin
Melphalan
Regimens: FOLFOX, FOLFIRI, FOLFIRINOX/FOLFOXIRI, AC (any anthracycline + cyclophosphamide)

*The following can be considered HEC in certain patients:
Dactinomycin
Daunorubicin
Irinotecan
Oxaliplatin
Methotrexate ≥250mg/m2
Trabectedin
Idarubicin

**Moderately Emetogenic Chemotherapy (MEC)
Aldesleukin >12-15 million IU/m2
Amifostine >300mg/m2
Azacitidine
Bendamustine
Busulfan
Clofarabine
Cytarabine >200mg/m2
Daunorubicin Liposomal
Cytarabine Liposomal
Dinutuximab
Fam-trastuzumab deruxtecan
Irinotecan Liposomal
Lurbinectedin
Temozolomide

Renewal

A. Patient continues to meet initial criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc.; **AND**
B. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe hypersensitivity reactions, severe infusion site reactions, etc.; **AND**
C. Patient has experienced disease response.

LIMITATIONS/EXCLUSIONS

1. Any indication other than those listed above due to insufficient evidence of therapeutic value

DEFINITIONS

A. EMEND (fosaprepitant) for injection, for intravenous use. Initial U.S. Approval: 2008
    a. Single-dose glass vial containing 150 mg of fosaprepitant as a white to off-white lyophilized powder for reconstitution.

CODING

Applicable NDC Codes	
00006-3061-xx *	Emend 150 mg powder for injection, single-dose vial **Available generically from multiple manufacturers*

Applicable Procedure Code	
J1453	Injection, fosaprepitant, 1 mg; 1 billable unit = 1 mg

Applicable ICD-10 Codes	
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95X5A	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
Z51.11	Encounter for antineoplastic chemotherapy
Z51.11	Encounter for antineoplastic immunotherapy

EVIDENCE BASED REFERENCES

1. Emend [package insert]. Whitehouse Station, NJ; Merck & Co., Inc.; April 2020. Accessed
March 2022.

POLICY HISTORY

Original Effective Date	5/24/2022
Revised Date	March 1, 2023 - Adopted by MA UM Committee (no policy revisions made)
P&T Committee Endorsement	5/24/2022
Updated to Brand New Day/Central Health Medicare Plan/Central Health Medicare Plan	01/01/2024

Approved by Pharmacy and Therapeutics Committee 5/24/2022