

## Medical Policy: CINVANTI™ (aprepitant) injectable emulsion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.54	July 6, 2023	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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## Definitions

Cinvanti™ (aprepitant) is a substance P/neurokinin-1 (NK 1) receptor antagonist, indicated in adults, in combination with other antiemetic agents, for the prevention of:

1. Acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
2. Nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC)
3. Nausea and vomiting associated with initial and repeat courses of MEC as a 3-day regimen.

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

## Length of Authorization

Approval will be granted for 6 months and may be renewed

## Dosing Limits [Medical Benefit]

Max units (per dose and over time):

- HEC (Single-Dose Regimen): 130 billable units (130 mg) on day 1 of chemotherapy per 7 days
- MEC (Single-Dose Regimen): 130 billable units (130 mg) on day 1 of chemotherapy per 7 days
- MEC (3-Day Regimen): 100 billable units (100 mg) on day 1 of chemotherapy per 7 days

## Guideline

### I. Initial Criteria

#### 1. Prevention of Chemotherapy induced Nausea and vomiting (CINV) †

Cinvanti (aprepitant) is considered when the following criteria are met:

- A. Patient is 18 years of age or older; **AND**
- B. Cinvanti will be used in combination with a 5-HT<sub>3</sub> antagonist and a corticosteroid; **AND**
- C. Patient will not be taking pimozide concurrently; **AND**
- D. Patient is undergoing highly emetogenic cancer chemotherapy (HEC), including high dose cisplatin, or moderately emetogenic cancer chemotherapy (MEC)

### II. Continuation Criteria

Coverage for Cinvanti (aprepitant) may be renewed when the following criteria are met:

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

## Applicable Procedure Codes

Code	Description
J0185	Injection, aprepitant, 1 mg

## Applicable NDCs

Code	Description
47426-0201-01	CINVANTI 130MG/18ML Emulsion J0185 Injection, aprepitant, 1 mg

## ICD-10 Diagnoses

Code	Description
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

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	07/06/2023	Annual Review: No Criteria changes
EmblemHealth & ConnectiCare	04/06/2022	Updated Procedure Code to Q2055 and put on new template
EmblemHealth & ConnectiCare	04/08/2020	Updated indications and Dosing per FDA label Max Units Allowed: MEC (Single-Dose Regimen) changed from 100 to 130mg) Added MEC (3-Day Regimen): 100 billable units (100 mg) on day 1 of chemotherapy per 7 days
EmblemHealth & ConnectiCare	12/03/2018	Added J0185 and removed J3490, C9463 from Applicable Procedure Codes

## References

1. Cinvanti [package insert]. San Diego, CA; Heron Therapeutics; November 2017. Accessed October 2019.