

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Emend (fosaprepitant) injectable

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1year

Medications	Quantity Limit
Emend (fosaprepitant) injection	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Emend (fosaprepitant) 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 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).

Requests for Emend (fosaprepitant) 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 pimozone (Orap).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 27, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on September 27, 2019.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply. CRX-ALL-0490-20

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- a. Antiemesis. V1.2019. Revised February 28, 2019

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