

**Policy: MBP 299.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Aponvie (aprepitant)**

### **I. Policy:**

Aponvie (aprepitant)

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Aponvie (aprepitant).

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DESCRIPTION:**

Aponvie (aprepitant) is a selective high-affinity antagonist of human substance P/neurokinin 1 (NK<sub>1</sub>) receptors. Aprepitant has little or no affinity for serotonin (5-HT<sub>3</sub>), dopamine, and corticosteroid receptors, the targets of existing therapies for postoperative nausea and vomiting (PONV). Aprepitant has been shown in animal models to inhibit emesis via central actions. Animal and human Positron Emission Tomography (PET) studies with aprepitant have shown that it crosses the blood brain barrier and occupies brain NK<sub>1</sub> receptors.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Aponvie (aprepitant) will be considered medically necessary for commercial, exchange, CHIP, and Medicare lines of business when ALL of the following criteria are met:

- Medical record documentation that the member is 18 years of age or older **AND**
- Medical record documentation of use for prevention of post-operative nausea and vomiting (PONV) **AND**
- Medical record documentation that the medication is prescribed by a surgeon or anesthesiologist.

**AUTHORIZATION DURATION:** Approved requests will be for a One-time authorization for one administration of Aponvie

**QUANTITY LIMITS:** One vial (32mg/4.4mL) per 1 day supply (Facets RX count: 32)

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 9/19/23

**Revised:**

**Reviewed:**