

Effective Date: 12/2017
Reviewed: 12/2017, 12/2018, 5/2019, 2/2020, 5/2021, 4/2022
Scope: Medicaid

NON-ONCOLOGY POLICY

APREPITANT CAPSULES

For oncology indications, please refer to NHPRI Emend Oncology Policy

I. NON-ONCOLOGY INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

Prevention of Postoperative Nausea and Vomiting (PONV)

Aprepitant 40 mg capsules are indicated in adults for the prevention of postoperative nausea and vomiting.

Limitations of Use

- Aprepitant has not been studied for the treatment of established nausea and vomiting.
- Chronic continuous administration of Aprepitant is not recommended because it has not been studied and because the drug interaction profile may change during chronic continuous use.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

Authorization of 6 months may be granted when the following criteria are met:

- Aprepitant capsules are being prescribed for the prevention of postoperative nausea and vomiting

III. QUANTITY LIMIT

A quantity of 6 capsules per 6 months of Aprepitant 40 mg capsule will be approved if prior authorization criteria is met.

IV. REFERENCES

1. Aprepitant capsules [package insert]. Levittown, PA: Torrent Pharma, Inc; January 2022.

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2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed January 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed January 2018.