Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Emend (aprepitant) Oral

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

Medications	Quantity Limit
Emend (aprepitant) 125 mg (25 mg/mL) oral suspension single-dose kit Emend (aprepitant) TriPack (3 capsules – one-125 mg capsule and two-80 mg capsules) Emend (aprepitant) 40mg, 80mg, 125mg capsules	Maybe subject to quantity limit

APPROVAL CRITERIA

Requests for an Emend (aprepitant) oral agent (capsules, suspension) may be approved when the following criteria are met:

I. Individual is using to prevent acute or delayed nausea and vomiting associated with initial or repeat courses of one of the following:
   A. Highly emetogenic cancer chemotherapy (HEC) [such as but not limited to, high-dose cisplatin, cyclophosphamide-doxorubicin, cyclophosphamide-epirubicin (NCCN 2018, ASCO 2011] (Label, NCCN 1); **OR**
   B. Moderately emetogenic cancer chemotherapy (MEC) [such as but not limited to carboplatin, daunorubicin, irinotecan (NCCN 2018, ASCO 2011)] (Label, NCCN 1, NCCN Antiemesis 3.2018);

AND

II. Individual is using as part of a regimen that also includes the following;
   A. A 5-HT3 Receptor antagonist in combination with a corticosteroid for adult individuals; **OR**
   B. A 5-HT3 receptor antagonist alone OR in combination with a corticosteroid for pediatric individuals.

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Requests for Emend (aprepitant) oral capsules may also be approved when the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual is using to prevent postoperative nausea and vomiting (PONV).

Emend (aprepitant) oral agents (capsules, suspension) may **not** be approved for the following:

I. Treatment of established nausea and vomiting; **OR**
II. Chronic, continuous administration for nausea and vomiting; **OR**
III. Concomitant use with pimozide (Orap).

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

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. 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: October 2, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Antiemesis. Version 3.2018. Available from https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed September 27, 2018.