Emend® (fosaprepitant dimeglumine)
(Intravenous)

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I. Length of Authorization

Coverage is provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:
- Emend 150 mg powder for injection: 1 vial per 7 days

B. Max Units (per dose and over time) [Medical Benefit]:
- 150 billable units per 7 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient aged 6 months or older; **AND**

Prevention of Chemotherapy induced Nausea and vomiting (CINV) †

- Patient is receiving highly and/or moderately emetogenic chemotherapy (see HEC/MEC list below); **AND**
- Must be used in combination with a 5-HT_3 antagonist such as ondansetron, granisetron, palonosetron, etc.; **AND**
- Must be used in combination with a corticosteroid such as dexamethasone; **AND**
- Patient is not taking pimozide concurrently

Highly Emetogenic Chemotherapy (HEC)			
Carboplatin	Carmustine	Cisplatin	Cyclophosphamide
Dacarbazine	Doxorubicin	Epirubicin	Ifosfamide

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
The following regimens can be considered HEC:			
FOLFOX			

† FDA-approved indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

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

V. Dosage/Administration

<table>
<tr><th>Indication</th><th>Dose</th></tr>
<tr><td rowspan="6">Prevention of chemotherapy-induced nausea and vomiting</td><td colspan="3">Adult dosing:
• 150 mg intravenously (IV) Day 1
Pediatric dosing:</td></tr>
<tr><td>Age</td><td>Single-Day Chemotherapy Regimen</td><td>Multi-Day Chemotherapy Regimen (oral given day 2-3)</td></tr>
<tr><td>12 to 17 years</td><td>150 mg IV Day 1</td><td>115 mg IV Day 1</td></tr>
<tr><td>2 to < 12 years</td><td>4 mg/kg (maximum dose 150 mg) IV Day 1</td><td rowspan="2">3 mg/kg (maximum dose 115 mg) Day 1</td></tr>
<tr><td>6 months to <2 years (Patient ≥ 6 kg)</td><td>5 mg/kg (maximum dose 150 mg) IV Day 1</td></tr>
<tr><td colspan="3">*Infusion should be completed 30 minutes prior to chemotherapy (single dose regimen)</td></tr>
</table>

VI. Billing Code/Availability Information

Jcode:

J1453 –Injection, fosaprepitant, 1 mg; 1 billable unit = 1 mg

NDC:

- Emend 150 mg powder for injection: 00006-3941-xx

VII. References

1. Emend [package insert]. Whitehouse Station, NJ; Merck & Co., Inc; April 2018. Accessed April 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Fosaprepitant. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. March 2018.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Antiemesis. Version 1.2018. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2018.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC