Medical Policy

Utilization Management and Clinical Medical Policy

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Oral antiemetic drugs: Aprepitant (aprepitant oral capsules, Emend® oral capsules, Emend® for oral suspension)	MP-RX-FP-07-23	☒ MMM MA ☒ MMM MultiHealth	11/30/2023	2/22/2026
			Last Review Date:	Frequently Revision:
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Service Category:

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Part B Drugs

Service Description:

This document addresses the use of *aprepitant oral (Emend® for oral suspension, capsules)*, a substance P/neurokinin 1 (NK_1) receptor antagonist, approved by the Food and Drug Administration (FDA) for the treatment of postoperative nausea and vomiting; prophylaxis and chemotherapy-induced nausea and vomiting due to highly emetogenic chemotherapy, including high-dose cisplatin, and for the prophylaxis nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Background Information:

Aprepitant is a neurokinin-1 (NK1) receptor antagonist available as Emend® in both capsule form and as a powder for oral suspension, used in combination with other antiemetics to prevent acute and delayed chemotherapy-induced nausea and vomiting. Emend capsules have FDA-approved generic equivalents from multiple manufacturers, providing broader access to this formulation. In contrast, no generic version exists for Emend for oral suspension, and only the branded product remains available on the market.

Few side effects of cancer treatment are more feared by patients than nausea and vomiting. Although nausea and emesis (vomiting and/or retching) can result from surgery or radiation therapy, chemotherapy-induced nausea and vomiting (CINV) is potentially the most severe and most distressing. Significant progress has been made, but CINV remains an important adverse effect of treatment.

Three distinct types of CINV have been defined, with important implications for both prevention and management:

- Acute emesis, which most commonly begins within one to two hours of chemotherapy and usually peaks in four to six hours
- Delayed emesis, occurring more than 24 hours after chemotherapy
- Anticipatory emesis, occurring prior to treatment as a conditioned response in patients who have developed significant nausea and vomiting during previous cycles of chemotherapy

The objective of antiemetic therapy is the complete prevention of CINV, and this should be achievable in the majority of patients receiving chemotherapy, even with highly emetic agents.

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The most important factor determining the likelihood of acute or delayed emesis developing during chemotherapy is the intrinsic emetogenicity of the particular agent. Although other factors may be important, such as patient age, sex, and history of alcohol consumption, these factors are not currently used to select the antiemetic strategy.

The management of CINV has been greatly facilitated by the development of classification schemes that reflect the likelihood of emesis developing following treatment with particular agents. A 1997 classification scheme gained broad acceptance and was utilized as the basis for treatment recommendations by guideline panels. A modification of this schema was proposed at the 2004 Perugia Antiemetic Consensus Guideline meeting and is still relevant, although many more chemotherapy agents are now available. Chemotherapy agents were divided into four categories based upon the risk of emesis in the absence of antiemetic prophylaxis:

- Highly emetic: >90% risk of emesis
- Moderately emetic: >30% to 90% risk of emesis
- Low emetogenicity: 10% to 30% risk of emesis
- Minimally emetic: <10% risk of emesis

This drug classification schema is utilized in both the updated antiemetic guidelines of the Multinational Association of Supportive Care in Cancer (MASCC)/European Society for Medical Oncology (ESMO) and the American Society of Clinical Oncology (ASCO). For combination regimens, the emetogenic risk is determined by the most emetogenic agent in the regimen, with consideration of the relative contribution of additional agents.

In addition to FDA-approved indications, the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines recognize scenarios in which escalation of antiemetic prophylaxis may be appropriate. NCCN supports the use of aprepitant as part of a 4-drug antiemetic regimen—in combination with olanzapine, a serotonin (5-HT3) receptor antagonist, and dexamethasone—for patients who experience inadequate control with standard 3-drug regimens, as well as for select patients at higher risk of CINV or receiving moderately emetogenic chemotherapy associated with increased emesis risk. These recommendations reflect NCCN Category 2A consensus and acknowledge the role of intensified prophylaxis to optimize CINV prevention in clinical practice.

Medicare coverage for oral antiemetic drugs under Part B is governed by CMS National Coverage Determination (NCD) 110.18. Effective for services performed on or after May 29, 2013, CMS considers the oral 3-drug regimen of oral aprepitant, an oral 5-HT3 serotonin receptor antagonist, and oral dexamethasone to be reasonable and necessary for beneficiaries receiving certain anticancer chemotherapeutic agents. The oral 3-drug regimen must be administered immediately before and within 48 hours after administration of the covered chemotherapy agent(s).

Under this CMS coverage policy, the oral 3-drug regimen is reasonable and necessary when the beneficiary is receiving, either singularly or in combination with other drugs, one or more of the anticancer chemotherapeutic agents described in Section A of the Medical Necessity Guidelines.

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Approved Indications

Emend® (aprepitant) for oral suspension:

A. In combination with other antiemetic agents, in patients 6 months of age and older for prevention of:
   a. acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
   b. nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Aprepitant (aprepitant oral capsules, Emend® capsules):

A. Postoperative nausea and vomiting (PONV) in adults. (aprepitant capsules only)
B. In combination with other antiemetic agents, in patients 12 years of age and older for prevention of:
   a. acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
   b. nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Other Uses (NCCN Category 2A)

A. As part of a 4-drug antiemetic regimen (in combination with olanzapine, a serotonin [5-HT3] receptor antagonist, and dexamethasone) administered prior to parenteral anticancer therapy in individuals who experienced emesis during a previous cycle of anticancer therapy despite prophylaxis with a 3-drug regimen.
B. As part of a 4-drug antiemetic regimen (in combination with olanzapine, a serotonin [5-HT3] receptor antagonist, and dexamethasone) administered prior to parenteral anticancer therapy for select individuals with additional patient-related risk factors for chemotherapy-induced nausea and vomiting (CINV), for individuals with inadequate response to a prior 3-drug prophylactic regimen, or for individuals receiving moderately emetogenic chemotherapy associated with a higher risk of emesis.

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Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J8501	APREPITANT, ORAL, 5 MG
J8540	DEXAMETHASONE, ORAL, 0.25 MG
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL
Q0155	DRONABINOL (SYNDROS), 0.1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

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Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN

ICD-10	Description
R11.0	Nausea
R11.10–R11.12	Vomiting, unspecified / Vomiting without nausea / Vomiting with nausea, unspecified
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T45.95XD	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter
T45.95XS	Adverse effect of other drugs, medicaments and biological substances, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

B vs D Criteria: Drug included in this protocol are subject to B vs D evaluation. Medication is eligible to be evaluated through part B if furnished "incident to" physician service provided. If not, medication must be evaluated through part D.

****Covered by Part B, according to regulation and LCD*****

An oral antiemetic drug is covered if all of the following criteria are met:

1) The drug has been ordered by the treating practitioner as part of a cancer chemotherapy regimen.
2) The drug is used as a full therapeutic replacement for an intravenous antiemetic drug that would otherwise have been administered at the time of the chemotherapy treatment.*
    a. Can be written on prescription and/or documented in MedHOK after interventions by phone or RFI fax response.
3) The drug is used as a full therapeutic replacement for an intravenous antiemetic drug that would otherwise have been administered at the time of the chemotherapy treatment.

*Criterion 2 is not met when the chemotherapy drug is an oral drug or when the chemotherapy drug is administered intravenously in the home setting because the type and dosage of chemotherapy drugs administered in these situations do not require intravenous antiemetic drugs.

If all of the criteria are not met, the oral antiemetic drug will be denied as non-covered. If the NK-1 antagonist and/or dexamethasone is given as an oral anti-emetic outside of the 3-drug regimen, claims will be denied as statutorily non-covered, no benefit.

A 3-drug combination regimen consisting of an NK-1 antagonist, a 5HT3 antagonist and dexamethasone is covered when all of the criteria above (1-3) are met and all 3 drugs are given in combination.

The quantity of oral antiemetic drugs that is dispensed should be limited to a 30-day supply. Orders may be refillable.

LCD: The use of the oral anti-emetic 3-drug combination of an FDA approved oral NK-1 antagonist in combination with an oral 5HT3 antagonist and dexamethasone (J8540) is covered if, in addition to meeting the statutory coverage criteria specified in the related Policy Article, they are administered to beneficiaries who are receiving one or more of the following anti-cancer chemotherapeutic agents:

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- Alemtuzumab
- Azacitidine
- Bendamustin
- Carboplatin
- Carmustine
- Cisplatin
- Clofarabine
- Cyclophosphamide
- Cytarabine
- Dacarbazine
- Daunorubicin
- Doxorubicin
- Epirubicin
- Idarubicin
- Ifosfamide
- Irinotecan
- Lomustine
- Mechlorethamine
- Oxaliplatin
- Streptozocin

If the NK-1 antagonist, 5HT3 antagonist and dexamethasone 3-drug combination meet the statutory coverage criteria but are not used with one of the preceding chemotherapeutic agents, they will be denied as not reasonable and necessary. The oral three drug regimen must be administered immediately before and within 48 hours after the administration of these chemotherapeutic agents.

*****Covered by Part D if: Dx not related to cancer OR will be administered after 48 hours of chemotherapy*****

A. Criteria For Initial Approval

EMEND® (aprepitant) for oral suspension

a. Initial requests for Emend (aprepitant) for oral suspension may be approved if the following criteria are met:
   i. Individual is 6 months of age or older; **AND**
   ii. Emend (aprepitant) for oral suspension is prescribed in combination with other antiemetic agents for the prevention of chemotherapy-induced nausea and vomiting (CINV) associated with one of the following:
      1. Highly emetogenic cancer chemotherapy (HEC), including high-dose cisplatin;

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OR

2. Moderately emetogenic cancer chemotherapy (MEC); **AND**

iii. Individual is unable to swallow capsules; **AND**

iv. Use is for initial or repeat courses of chemotherapy; **AND**

v. Emend is administered according to FDA-approved dosing and schedule, including timing relative to chemotherapy administration.

Aprepitant oral capsules (aprepitant capsules, Emend®)

a. Initial requests for aprepitant oral capsules may be approved if the following criteria are met (Label, NCCN 2A):

i. Individual is 12 years of age or older; **AND**

ii. Individual is using for postoperative nausea and vomiting (PONV) (generic aprepitant only);

OR

iii. Individual is using in combination with other antiemetic agents for the prevention of chemotherapy-induced nausea and vomiting (CINV) associated with *one* of the following:

1. Highly emetogenic cancer chemotherapy (HEC), including high-dose cisplatin;

OR

2. b. Moderately emetogenic cancer chemotherapy (MEC); **AND**

iv. Use is for initial or repeat courses of chemotherapy, when applicable; **AND**

v. Aprepitant is administered according to FDA-approved dosing and schedule, including timing relative to chemotherapy administration;

OR

b. Initial requests for aprepitant oral capsules may be approved if the following criteria are met (NCCN 2A):

i. Individual is 12 years of age or older; **AND**

ii. Aprepitant capsules are used as part of a 4-drug antiemetic regimen (in combination with olanzapine, a serotonin [5-HT3] receptor antagonist, and dexamethasone) administered prior to parenteral anticancer therapy; **AND**

iii. One of the following applies:

iv. Individual experienced emesis during a previous cycle of anticancer therapy despite prophylaxis with a 3-drug regimen; **AND**

v. Individual meets *one* of the following clinical scenarios:

1. Select individuals with additional patient-related risk factors for chemotherapy-induced nausea and vomiting (CINV);

OR

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2. Individual with inadequate response to a prior 3-drug prophylactic regimen; **OR**
3. Individual is receiving moderately emetogenic chemotherapy associated with a higher risk of emesis.

B. Criteria For Continuation of Therapy

a. MMM considers continuation of aprepitant medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) if the following criteria are met:

i. Individual continues to receive anticancer chemotherapy for which aprepitant is indicated for the prevention of chemotherapy-induced nausea and vomiting (CINV); **AND**

ii. Aprepitant is being used as part of a guideline-supported antiemetic regimen, consistent with FDA-approved labeling or NCCN-recommended use; **AND**

iii. There is documented clinical benefit, demonstrated by *one or more* of the following:

a. Reduction in the frequency or severity of nausea and/or vomiting;
b. Prevention of breakthrough emesis;
c. Improved tolerance of chemotherapy without dose delay or discontinuation due to CINV; **AND**

iv. Aprepitant continues to be administered according to the recommended dosing schedule, including timing relative to chemotherapy administration.

C. Authorization Duration

A. Initial Approval Duration: 6 months
B. Reauthorization Approval Duration: Up to 6 months; N/A for postoperative Nausea and Vomiting (PONV)

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

a. Aprepitant may not be approved for the following:

i. For the treatment of established nausea and vomiting;

OR

ii. For chronic continuous administration;

OR

iii. Concurrent use with pimozide;

OR

iv. May not be approved when the above criteria are not met and for all other indications

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Nationally Noncovered Indications:

The evidence is adequate to conclude that aprepitant cannot function alone as a full replacement for intravenously administered antiemetic agents for patients who are receiving highly emetogenic chemotherapy and/or moderately emetogenic chemotherapy. Medicare does not cover under Part B for oral antiemetic drugs in antiemetic drug combination regimens that are administered in part, via an oral route and in part, via an intravenous route. Medicare does not cover under Part B aprepitant when it is used alone for anticancer chemotherapy related nausea and vomiting.

Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug, Dosage Forms, and Strengths	Dosage
Emend® oral capsules: 80 mg and 125 mg	• 125 mg on Day 1 and 80 mg on Days 2 and 3
Aprepitant oral capsules: 40, 80 mg and 125 mg	*Chemotherapy Induced Nausea and Vomiting (CINV):* • 125 mg on Day 1 and 80 mg on Days 2 and 3 *Postoperative Nausea and Vomiting (PONV):* • 40 mg within 3 hours prior to induction of anesthesia
Emend® for oral suspension: 125 mg	• Day 1: 3 mg/kg; maximum dose: 125 mg • Day 2 and 3: 2 mg/kg; maximum dose: 80 mg
Exceptions	
• Administer aprepitant (capsules, EMEND for oral suspension) 1 hour prior to chemotherapy on Days 1, 2, and 3. If no chemotherapy is given on Days 2 and 3, administer in the morning.	

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Reference Information:

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4. Centers for Medicare & Medicaid Services. (2024). *Local Coverage Determination (LCD): Oral antiemetic drugs (L33827)*. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33827&ver=55&keyword=aprepitant&keywordType=starts&areaId=s46&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1 Accessed January 18, 2026.
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8. UpToDate. (n.d.). *Prevention of chemotherapy-induced nausea and vomiting in adults*. https://www.uptodate.com/contents/prevention-of-chemotherapy-induced-nausea-and-vomiting-in-adults?search=aprepitant&source=search_result&selectedTitle=2~35&usage_type=default&display_rank=1 Accessed January 18, 2026.

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Policy History

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review	Expanded background information to include clarification of available formulations (aprepitant oral capsules and Emend® for oral suspension), inclusion of NCCN guideline recommendations, and incorporation of CMS National Coverage Determination and LCD guidance for oral antiemetic regimens. Updated FDA indications and Other Uses to clarify FDA-approved indications and age requirements by formulation, and to add NCCN Category 2A guideline-supported uses for escalation to a 4-drug antiemetic regimen. Expanded the Criteria for Initial Coverage and added Criteria for Continuation of Therapy, Authorization Duration, Conditions Not Covered, and recommended dosages to align with FDA recommendations. Coding reviewed: added HCPCS code Q0155 and ICD-10-CM codes R11.0, R11.10–R11.12, R11.2, T45.1X5A, T45.1X5D, T45.1X5S, T45.95XA, T45.95XD, T45.95XS, T50.905A, T50.905D, T50.905S, Z51.11, and Z51.12. Updated the reference list and made wording and formatting changes for clarity and consistency.	2/13/2026	2/22/2026
Annual Review	Validation of information to ensure is up to date. No changes applied.	4/16/2025	5/6/2025
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023