Medical Policy:

Cinvanti™ (aprepitant) injectable emulsion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.54	March 22, 2024	

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Cinvanti™ (aprepitant) is a substance P/neurokinin-1 (NK 1) receptor antagonist, indicated in adults, in combination with other antiemetic agents, for the prevention of:

1. Acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.
2. Nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC)
3. Nausea and vomiting associated with initial and repeat courses of MEC as a 3-day regimen.

Highly Emetogenic Chemotherapy (HEC)			
Carboplatin	Carmustine	Cisplatin	Cyclophosphamide
Dacarbazine	Doxorubicin	Epirubicin	Ifosfamide
Mechlorethamine	Streptozocin	Melphalan ≥140 mg/m^2	Fam-trastuzumab deruxtecan-nxki
Sacituzumab govitecan-hzi			

Moderately Emetogenic Chemotherapy (MEC)			
Aldesleukin >12-15 million IU/m^2	Amifostine >300mg/m^2	Bendamustine	Busulfan
Clofarabine	Cytarabine >200mg/m^2	Dinutuximab	Daunorubicin Liposomal; Cytarabine Liposomal
Irinotecan Liposomal	Lurbinectedin	Melphalan <140 mg/m^2	Naxitamab-gqgk
Romidepsin	Temozolomide		

The following can be considered HEC in certain patients		
Dactinomycin	Daunorubicin	Idarubicin
Irinotecan	Methotrexate ≥ 250mg/m^2	Oxaliplatin
Trabectedin		

The following regimens can be considered HEC			
FOLFOX	FOLFIRI	FOLFIRINOX; FOLFOXIRI	AC (any anthracycline + cyclophosphamide)

Length of Authorization

Approval will be granted for 6 months and may be renewed

Dosing Limits [Medical Benefit]

Max units (per dose and over time):

- HEC (Single-Dose Regimen): 130 billable units (130 mg) on day 1 of chemotherapy per 7 days
- MEC (Single-Dose Regimen): 130 billable units (130 mg) on day 1 of chemotherapy per 7 days
- MEC (3-Day Regimen): 100 billable units (100 mg) on day 1 of chemotherapy per 7 days

Guideline

I. INITIAL CRITERIA

1. **Prevention of Chemotherapy induced Nausea and vomiting (CINV) †**

Cinvanti (aprepitant) is considered when the following criteria are met:

A. Patient is 18 years of age or older; **AND**

B. Cinvanti will be used in combination with a 5-HT_3 antagonist and a corticosteroid; **AND**

C. Patient will not be taking pimozide concurrently; **AND**

D. Patient is undergoing highly emetogenic cancer chemotherapy (HEC), including high dose cisplatin, or moderately emetogenic cancer chemotherapy (MEC)

II. CONTINUATION CRITERIA

Coverage for Cinvanti (aprepitant) may be renewed when the following criteria are met:

A. Patient continues to meet the criteria identified in the initial approval criteria above; **AND**

B. Disease response; **AND**

C. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, neutropenia, dermatologic toxicity, etc.

Applicable Procedure Codes

Code	Description
J0185	Injection, aprepitant, 1 mg

Applicable NDCs

Code	Description
47426-0201-01	Cinvantl 130mg/18mL Emulsion J0185 Injection, aprepitant, 1 mg

ICD-10 Diagnoses

Code	Description
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.13	Vomiting of fecal matter
R11.14	Bilious vomiting
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
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/22/2024	Annual Review: Updated Emetogenic Chemotherapy Charts
EmblemHealth & ConnectiCare	07/06/2023	Annual Review: No Criteria changes
EmblemHealth & ConnectiCare	04/06/2022	Updated Procedure Code to Q2055 and put on new template
EmblemHealth & ConnectiCare	04/08/2020	Updated indications and Dosing per FDA label Max Units Allowed: MEC (Single-Dose Regimen) changed from 100 to 130mg) Added MEC (3-Day Regimen): 100 billable units (100 mg) on day 1 of chemotherapy per 7 days
EmblemHealth & ConnectiCare	12/03/2018	Added J0185 and removed J3490, C9463 from Applicable Procedure Codes

References

1. Cinvanti [package insert]. San Diego, CA; Heron Therapeutics; November 2017. Accessed October 2019.