



POLICIES AND PROCEDURE MANUAL

Policy: MBP 299.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Aponvie (aprepitant)

Applicable line of business:

| | | | |
|------------|---|----------|---|
| Commercial | X | Medicaid | |
| Medicare | X | ACA | X |
| CHIP | X | | |

I. Policy:

Aponvie (aprepitant)

II. Purpose/Objective:

To provide a policy of coverage regarding Aponvie (aprepitant).

III. Responsibility:

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

DESCRIPTION:

Aponvie (aprepitant) is a selective high-affinity antagonist of human substance P/neurokinin 1 (NK₁) receptors. Aprepitant has little or no affinity for serotonin (5-HT₃), dopamine, and corticosteroid receptors, the targets of existing therapies for postoperative nausea and vomiting (PONV). Aprepitant has been shown in animal models to inhibit emesis via central actions. Animal and human Positron Emission Tomography (PET) studies with aprepitant have shown that it crosses the blood brain barrier and occupies brain NK₁ receptors.

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Aponvie (aprepitant) will be considered medically necessary for commercial, exchange, CHIP, and Medicare lines of business when ALL of the following criteria are met:

- Medical record documentation that the member is 18 years of age or older **AND**
- Medical record documentation of use for prevention of post-operative nausea and vomiting (PONV) **AND**
- Medical record documentation that the medication is prescribed by a surgeon or anesthesiologist.

AUTHORIZATION DURATION: Approved requests will be for a One-time authorization for one administration of Aponvie

QUANTITY LIMITS: One vial (32mg/4.4mL) per 1 day supply (Facets RX count: 32)

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

REFERENCES:

1. Aponvie [prescribing information]. San Diego, CA: Heron Therapeutics Inc; March 2024.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 9/19/23

Revised: 12/28/23 (references added), 9/12/24 (removed Medicaid business segment, LOB table, taglines)

Reviewed:

MA UM Committee approval: 12/31/23