Applicable Drugs: Akynzeo IV (fosnetupitant/palonsetron), Akynzeo (netupitant/palonosetron) capsules, Cinvanti (aprepitant IV emulsion), Emend IV (fosaprepitant), Emend (aprepitant) capsules, Emend (aprepitant) for oral suspension, Focinvez (fosaprepitant), Nereus (tradipitant), Varubi (rolapitant)

Preferred: aprepitant (capsules, generic), fosaprepitant (IV, generic)

Non-preferred: Akynzeo IV (fosnetupitant/palonsetron), Akynzeo (netupitant/palonosetron) capsules, Cinvanti (aprepitant IV emulsion), Emend (aprepitant) for oral suspension, Emend (brand) capsules, Emend IV (branded fosaprepitant), Focinvez (branded fosaprepitant), Nereus (tradipitant), Varubi (rolapitant)

Date of Origin: 5/8/2026

Date Last Reviewed / Revised: 10/2/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

I. Documented use for one of the following conditions A or B AND must meet ALL criteria listed under the applicable use.

A. Prevention of acute and delayed nausea and vomiting associated with initial or repeat courses of chemotherapy.

i. Meets one of the following criteria 1 or 2:

1. Chemotherapy is highly emetogenic cancer chemotherapy (HEC) or moderately emetogenic cancer chemotherapy (MEC) (See Appendix, Table 2).

2. Chemotherapy has low emetogenic potential (See Appendix, Table 2) and has had an inadequate response to use of a serotonin antagonist (ie, ondansetron, granisetron, or palonosetron) to prevent chemotherapy-induced nausea and vomiting.

ii. Meets one of the following criteria 1 or 2:

1. Request is for aprepitant capsules, Cinvanti (aprepitant IV emulsion), Emend (aprepitant) for oral suspension, fosaprepitant (Emend IV, Focinvez), or Varubi (rolapitant).

a. Used as part of a combination regimen that includes a 5-HT3 antagonist (ex, ondansetron, palonosetron, granisetron, etc.).

b. If age is 18 years old or older, combination regimen also includes a corticosteroid or corticosteroids are contraindicated.

2. Request is for Akynzeo IV (fosnetupitant/palonsetron) or Akynzeo (netupitant/palonosetron) capsules.
    a. Used as part of a combination regimen that includes a corticosteroid or corticosteroids are contraindicated.

B. Short-term prevention of vomiting induced by motion.

i. Meets ALL the following criteria:

1. Request is for Nereus (tradipitant) capsules.
2. Member has a documented past medical history of severe motion sickness symptoms.
3. Provider attests that the member will be participating in a planned activity involving motion exposure expected to cause vomiting.
4. Documented treatment failure or contraindication to ALL the following therapies:
    a. Meclizine
    b. Dimenhydrinate
    c. Promethazine
    d. Scopolamine

II. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

III. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Rescue or treatment of established nausea and vomiting

OTHER CRITERIA

- Table 1: Medication specific criteria and dosing limits

AGENTS	INDICATION	MEDICATION SPECIFIC CRITERIA	DOSING LIMITS
Injectable Agents			
Akynzeo (fosnetupitant/palonsetron) for injection	Prevention of chemotherapy-induced nausea and vomiting	• Documented treatment failure or contraindication to fosaprepitant	• Give prior to chemotherapy on day one of each cycle

		injection and Cinvanti (aprepitant IV emulsion) • Not indicated for use with anthracycline and cyclophosphamide based chemotherapy • Age: 18 years old and older	• Maximum dose: one vial (235mg fosnetupitant/0.25 mg palonosetron)
Cinvanti (aprepitant) injectable emulsion		• Documented treatment failure or contraindication to fosaprepitant injection • Age: 18 years old and older	• Give prior to chemotherapy on day one of each cycle • Maximum dose: 130 mg
Fosaprepitant (Emend IV, Focinvez) for injection		• Age: 6 months of age and older weighing at least 6 kg	• Age 12 years old and older: 150 mg prior to chemotherapy on day one of each cycle • Age 6 months old to less than 2 years old: 5mg/kg on day one of each cycle (maximum 150 mg) • Age 2 years old to less than 12 years old: 4mg/kg day on one of each cycle (maximum 150 mg) • OR, Age 12 to 17 years old: 115 mg on day one followed by 80 mg fosaprepitant IV or aprepitant capsules daily for 2 days; Age 6 months to less than 12 years old: 3 mg/kg (max 115 mg) on day one followed by 2mg/kg (maximum 80 mg) fosaprepitant IV or aprepitant oral suspension once daily for 2 days

Oral Agents			
Akynzeo (netupitant/ palonosetron) capsules	Prevention of chemotherapy-induced nausea and vomiting	• Documented treatment failure or contraindication to aprepitant capsules • Age: 18 years old and older	• Give one capsule prior to chemotherapy on day one of each cycle • Maximum dose: one capsule (300 mg netupitant/0.5 mg palonosetron)
Aprepitant capsule and Emend (aprepitant) for oral suspension		• Age: 6 months old and older • Suspension is limited to those with documented inability to swallow capsules or for pediatric doses that do not allow for capsule administration	• Age greater than or equal to 12 years old: 125 mg once on day 1 of each chemotherapy cycle and 80 mg once daily on days 2 and 3 • Less than 12 years old: 3mg/kg on day 1 (maximum 125 mg) and 2mg/kg (maximum 80 mg) once daily on days 2 and 3
Nereus (tradipitant) capsules	Prevention of motion sickness-induced vomiting	• Age: 18 years or older	• One 85 mg or 170 mg capsule once daily • Maximum: 8 capsules per 30 days for a total of 90 doses per patient • Maximum for the 170 mg dose or if the duration of an event exceeds 14 days: 16 capsules per 30 days for a total of 90 doses per patient
Varubi (rolapitant) tablets	Prevention of chemotherapy-induced nausea and vomiting	• Documented treatment failure or contraindication to aprepitant capsules • Age: 18 years old and older	• 180 mg prior to start of each chemotherapy cycle, but at no less than 2-week intervals • Maximum: 180 mg (90 mg tablets x 2) per chemotherapy cycle. Cycles must be at least 14 days apart

QUANTITY / DAYS SUPPLY RESTRICTIONS

Quantities not to exceed dosing limits listed in Table 1, other criteria.

APPROVAL LENGTH

- **Authorization:**
  - Nereus (tradipitant): One month.
  - All other drugs: Expected length of treatment for up to one year.
- **Re-Authorization:**
  - Nereus (tradipitant): One month, with an updated letter of medical necessity or progress notes showing that current prior authorization criteria are met, the medication is effective, and the patient has not exceeded 90 total doses.
  - All other drugs: An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective.

APPENDIX

Table 2: Adult Parenteral Anticancer Agents – Emetogenic Potential (High and Moderate Emetic Risk)*

Level	Agent	
High emetic risk (HEC) (greater than 90% frequency of emesis)	• AC combination (any chemotherapy regimen that contains an anthracycline [ie. doxorubicin, daunorubicin, epirubicin, idarubicin, etc.]) and cyclophosphamide • Busulfan[a] • Carboplatin AUC ≥4 • Carmustine >250 mg/m2 • Cisplatin • Cyclophosphamide > 1500 mg/m2 • Dacarbazine	• Datroway (datopotamab deruxtecan-dlnk) • Doxorubicin ≥60 mg/m2 • Epirubicin >90 mg/m2 • Enhertu (fam-trastuzumab deruxtecan-nxki) • Ifosfamide ≥2 g/m2 per dose • Mechlorethamine • Melphalan[a] • Trodelvy (sacituzumab govitecan-hziy) • Streptozicin • Thiotepa[a] • Vyloy (zolbetuximab-clzb)
Moderate emetic risk (MEC) (greater than 30% frequency to 90% frequency of emesis)	• Aldesleukin > 12 to 15 million IU/m2 or 600,000IU/kg • Bendeka (bendamustine) • Carboplatin[b] AUC <4 • Carmustine ≤250 mg/m2 • Clofarabine • Cyclosphamide ≤1500 mg/m2 • Cytarabine >200 mg/m2 • Dactinomycin[b] • Daunorubicin[b]	• Epirubicin[b] ≤90mg/m2 • Idarubicin[b] • Ifosfamide[b] <2g/m2 per dose • Irinotecan[b] • Onivyde (irinotecan liposomal) • Zepzelca (lurbinectedin) • Methotrexate[b] ≥250mg/m2 • Elahere (mirvetuximab soravtansine-gynx) • Danyelza (naxitamab-gqgk)

	• Unituxin (dinutuximab) Doxorubicin[b] <60mg/m2 • Vyxeos (liposomal cytarabine and daunorubicin)	• Oxaliplatin[b] • Romidepsin • Temozolomide • Yondelis (trabectedin)[b] • Grafapex (treosulfan)
Low emetic risk (10% to 30% frequency of emesis)	• Kadcyla (ado-trastuzumab emtansine) • Tecelra (Afamitresgene autoleucel) • Aldesleukin ≤ 12 million IU/m2 • Rybrevant (amivantamab-vmjw) • Rybrevant Faspro (amivantamab and hyaluronidase-lpuj) • Arsenic trioxide • Yescarta (axicabtagene ciloleucel) • Azaciticine • Beleodaq (belinostat) • Adcetris (brentuximab vedotin) • Tecartus (brexucabtagene autoleucel) • Cabazitaxel • Kyprolis (carfilzomib) • Carvykti (ciltacabtagene autoleucel) • Cytarabine (low dose) 100 mg/m2 to 200 mg/m2 • Docetaxel • Doxorubicin (liposomal) • Elrexfio (elranatamab-bcmm) • Padcev (enfortumab vedotin-ejfv) • Epkinly (epcoritamab-bysp) • Eribulin • Etoposide • Floxuridine • 5-fluorouracil • Gemcitabine • Mylotarg (gemtuzumab ozogamicin) • Abecma (idecabtagene vicleucel)	• Besponsa (inotuzumab ozogamicin) • Sarclisa (isatuximab-irfc) • Ixempra (ixabepilone) • Amtagvi (lifileucel) • Lynozyfic (linvoseltamab-gcpt) • Breyanzi (lisocabtagene maraleucel) • Zynlonta (loncastuximab tesirine-lpyl) • Methotrexate >50 mg/m2 to < 250 mg/m2 • Mitomycin • Jelmyto (mitomycin pyelocaliceal solution) • Mitoxantrone • Poteligeo (mogamulizumab-kpkc) • Lunsumio Velo (mosunetuzumab-axgb) • Portrazza (necitumumab) • Aucatzyl (obecabtagene autoleucel) • Paclitaxel • Paclitaxel-albumin • Pemetrexed • Pentostatin • Polivy (polatuzumab vedotin-piig) • Pralatrexate • Monjuvi (tafasitamab-cxix) • Elzonris (tagraxofusp-erzs) • T-Vec (talimogene laherparepvec) • Kimmtrak (tebentafusp-tebn) • Emrelis (telisotuzumab vedotin-tllv) • Topotecan • Ziihera (zanidatamab-hrii) • Bizengri (zenocutuzumab-zbco) • Zaltrap (ziv-aflibercept)

Minimal emetic risk (<10% frequency of emesis)	• Campath (alemtuzumab) • Asparaginase (Elspar, Oncaspar, Erwinase, Rylaze) • Tecentriq (atezolizumab) • Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) • Bravencio (avelumab) • Zyntelgo (betibeglogene autotemcel) • Bevacizumab • Bleomycin • Blincyto (blinatumomab) • Bortezomib • Libtayo (cemiplimab-rwlc) • Erbitux (cetuximab) • Cladribine • Unloxcyt (cosibelimab-ipdl) • Cytarabine < 100mg/m2 • Darzalex (daratumumab) • Darzalex Faspro (daratumumab and hyaluronidase-fihj) • Decitabine • Firmagon (degarelix) • Dexrazoxane • Jemperli (dostarlimab-gxly) • Imfinzi (durvalumab) • Empliciti (elotuzumab) • Fludarabine • Fulvestrant • Columvi (glofitamab-gxbm) • Zoladex (goserelin) • Vantas (histrelin) • Rytelo (imetelstat) • Yervoy (iplimumab) • Somatuline Depot (lanreotide) • Lyfgenia (lovotibeglogene autotemcel) • Reblozyl (luspatercept-aamt)	• Margenza (margetuximab-cmkb) • Methotrexate ≤ 50 mg/m2 • Nelarabine • Opdivo (nivolumab) • Opdivo Qvantig (nivolumab and hyaluronidase-nvhy) • Opdualag (nivolumab/relatimab-rmbw) • Gazyva (obinutuzumab) • Sandostatin (octreotide) • Arzerra (ofatumumab) • Vectibix (panitumumab) • Keytruda (pembrolizumab) • Keytruda Qlex (pembrolizumab and berahyaluronidase alpha-pmph) • Perjeta (pertuzumab) • Phesgo (pertuzumab/trastuzumab and hyaluronidase-zzxf) • Cyramza (ramucirumab) • Zynyz (retifanlimab-dlwr) • Rituximab • Rituxan Hyclea (rituximab and hyaluronidase) • Sylvant (siltuximab) • Fyarro (sirolimos-albumin) • Talvey (talquetamab-tgvs) • Imdelltra (tarlatamab-dlle) • Tecvayli (teclistamab-cqyv) • Temsirolimus • Tevimbra (tislelizumab-jsgr) • Loqtorzi (toripalimab-tpzi) • Trastuzumab • Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) • Imjudo (remelimumab-actl) • Trelstar (triptorelin) • Valrubicin • Vinblastine • Vincristine • Vinorelbine

*List is not exhaustive. Medications not listed here will be evaluated with the most recent versions of ASCO and NCCN, as well as their prescribing information

[a] Considered highly emetogenic chemotherapy (HEC) when used in the hematopoietic cell transplant (HCT) setting.

[b]May be highly emetogenic in certain patients.

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.