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P&T Date: 08/13/2026

Injectable Antiemetic Products

Akynzeo® (fosnetupitant and palonosetron)

Aprepitant Injectable Emulsion

Cinvanti® (aprepitant)

Focinvez™ (fosaprepitant)

Navitrox™ (fosaprepitant)

Sustol® (granisetron) (subcutaneous formulation)

HCPCS: Akynzeo: J1454; Aprepitant Injectable Emulsion: J3590; Cinvanti: J0185; Focinvez: J1434; Navitrox: J3590; Sustol: J1627

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Must be receiving moderate and/or highly emetogenic chemotherapy
 - d. Trial and failure, contraindication, or intolerance to the following four drug antiemetic combination on day 1 of therapy:
 - i. A generic 5HT₃-receptor antagonist (i.e., intravenous granisetron, ondansetron, palonosetron),
 - ii. A generic NK₁-receptor antagonist (i.e., oral aprepitant or intravenous fosaprepitant),
 - iii. Dexamethasone
 - iv. Olanzapine
 - e. Following day 1, must have tried and failed guideline recommended treatment to prevent delayed CIN V
 - f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limit: Align with FDA recommended dosing
 - b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Chemotherapy induced nausea and vomiting (CINV) is one of patients' most feared side effects of the medication. 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; and 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 goal 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.
- 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 2004 Perugia Antiemetic Consensus Guideline meeting . divided chemotherapeutic agents into four categories based upon the risk of emesis in the absence of antiemetic prophylaxis: highly emetic has a 90% risk of emesis; moderately emetic has a 30% to 90% risk of emesis; low emetogenic agents have a 10% to 30% risk of emesis; and minimally emetic drugs have a less than 10% risk of emesis. For combination regimens, the emetic level is determined by identifying the most emetic agent in the combination and then assessing the relative contribution of the other agents.
- The three categories of drugs with the highest therapeutic index for the management of CINV are the type three 5-hydroxytryptamine (5-HT₃) receptor antagonists, the neurokinin-1 receptor (NK1R) antagonists, and glucocorticoids, especially dexamethasone. In addition, more recent data has demonstrated substantial antiemetic activity for the antipsychotic medication olanzapine when used in combination with other antiemetics. These agents are used alone and in specific combinations, depending on the emetogenicity of the specific chemotherapy regimen being administered and its tendency to produce not only acute but also delayed emesis.
- Multiple guidelines recommend use of combination therapy with a NK1R antagonist, a 5-HT₃ receptor antagonist, dexamethasone, and olanzapine day 1 for highly or moderately emetogenic chemotherapy regimens. Dexamethasone and olanzapine should be continued days 2 to 4. If aprepitant was given day 1, it should be used also on days 2 and 3.

References:

1. Akynzeo [prescribing information]. Iselin, NJ: Helsinn Therapeutics, Inc.; February 2023.
2. Cinvantvi [prescribing information]. San Diego, CA: Heron Therapeutics, Inc.; April 2026.
3. Focinvez [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; March 2026.
4. Sustol [prescribing information]. San Diego, CA: Heron Therapeutics, Inc ; February 2026.
5. Roila F, Hesketh PJ, Herrstedt J, Antiemetic Subcommittee of the Multinational Association of Supportive Care in Cancer. Prevention of chemotherapy- and radiotherapy-induced emesis: results of the 2004 Perugia International Antiemetic Consensus Conference. Ann Oncol. 2006; 17 (1): 20 - 8.
6. Herrstedt J, Clark-Snow R, Ruhlmann CH, et al. MASCC/ESMO antiemetic guidelines: introduction to the 2023 guidelines update. Support Care Cancer. 2023 Dec 22; 32: <https://doi.org/10.1007/s00520-023-08219-y>.
7. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: ASCO guideline update. J Clin Onc. 2020 July 13; 38(24): <https://doi.org/10.1200/JCO.20.01296>.
8. National Comprehensive Cancer Network. Antiemetics (Version 2.2026). 2026 June 24. Available at: https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed on June 26, 2026.

Policy History		
#	Date	Change Description
1.2	Effective Date: 08/13/2026	Updated to include Navitrox and Aprepitant Injectable Emulsion
1.1	Effective Date: 01/01/2026	UM medical management system update for MAPPO and BCNA for Akynzeo, Cinvanti, Focinvez, and Sustol
1.0	Effective Date: 10/09/2025	New Policy

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.