

Clinical Policy: Aprepitant (Aponvie only)

Reference Number: PA.CP.PMN.19

Effective Date: 01/2023

Last Review Date: 07/2025

Description

Aprepitant (Aponvie™) is substance P/neurokinin 1 (NK1) receptor antagonist.

FDA Approved Indication(s)

Aponvie is indicated:

- For prevention of postoperative nausea and vomiting (PONV) in adults

Limitation(s) of use:

- Aponvie has not been studied for treatment of established nausea and vomiting.

Policy/Criteria

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

It is the policy of PA Health & Wellness® that Aponvie is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Prevention of Postoperative Nausea and Vomiting (must meet all):

1. Request is for Aponvie, all other requests covered under **PHW.PDL.085 Antiemetics-Antivertigo Agents**;
2. Prescribed for the prevention of PONV;
3. Age $\geq$ 18 years;
4. Member is scheduled to receive surgery;
5. Failure of a 5-HT₃ receptor antagonist (*ondansetron and granisetron are preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed 32 mg (one vial) once.

Approval duration: 3 days (one time dose)

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Prevention of Postoperative Nausea and Vomiting

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

Approval duration: Not applicable

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;

Approval duration: Duration of request or 12 months (whichever is less); or

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information*Appendix A: Abbreviation/Acronym Key*

5-HT₃: serotonin 5-hydroxytryptamine, type 3

FDA: Food and Drug Administration

NK₁: neurokinin 1

PONV: postoperative nausea and vomiting

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
5-HT₃ Serotonin Antagonists		
granisetron (Kytril®)	Prevention of PONV* 0.35 to 3 mg (5 to 20 mcg/kg) IV at the end of surgery	20 mcg/kg/dose
ondansetron (Zofran®, Zofran® ODT)	Prevention of PONV 16 mg PO given 1 hour prior to anesthesia or 4 mg IM/IV as a single dose given 30 min before end of anesthesia	PO: 16 mg/dose IV: 4 mg/dose

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

**Off-label*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity, concurrent use with pimozide
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Prevention of postoperative nausea and vomiting	32 mg IV prior to induction of anesthesia	32 mg

CLINICAL POLICY

Aprepitant



VI. Product Availability

Single-dose vial, injectable emulsion: 32 mg/4.4 mL

VII. References

1. Aponvie Prescribing Information. San Diego, CA: Heron Therapeutics, Inc.; March 2024. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/216457s000lbl.pdf. Accessed April 21, 2025.
2. Gan TJ, Belani KG, Bergese S, et al. Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting. *Anesthesia & Analgesia*: August 2020. 131 (2), 411-448.

HCPCS Codes	Description
J0185	Injection, aprepitant, 1 mg
C9145	Injection, aprepitant, (Aponvie), 1 mg

Reviews, Revisions, and Approvals	Date
Policy created	01/2023
3Q 2023 annual review: no significant changes; references reviewed and updated.	07/2023
3Q 2024 annual review: no significant changes; references reviewed and updated.	07/2024
3Q 2025 annual review: no significant changes; references reviewed and updated.	07/2025