

**Antiemetics**  
**Focinvez (fosaprepitant)**  
**Effective 09/01/2025**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A			
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029	
<b>Exceptions</b>	Focinvez (fosaprepitant) is also available on the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.  Additional agents from this class are available through the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.			

### Overview

Focinvez, in combination with other antiemetic agents, is indicated in adults and pediatric patients 6 months of age and older for the prevention of:

- acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin
- delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC)

### Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of chemotherapy-induced nausea and vomiting (CINV)
2. Clinical rationale for the use of the requested agent instead of fosaprepitant injection (Emend)
3. Requested quantity is  $\leq 2$  units/28 day

### Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

### Limitations

1. Approvals will be granted for 6 months.

### References

1. National Comprehensive Cancer Network (NCCN): Clinical Practice Guidelines in Oncology: Antiemesis Version 1.2024 [guideline on the Internet]. 2023 Dec 13 [cited 2024 Jan 26]. Available from: [http://www.nccn.org/professionals/physician\\_gls/pdf/antiemesis.pdf](http://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf)
2. Smith JA, Fox KA, Clark SC. Nausea and vomiting of pregnancy: Treatment and outcomes. In Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2023 Dec [cited 2024 Dec 26]. Available from: <http://www.uptodate.com/utd/index.do>.
3. The American College of Obstetricians and Gynecologists. Nausea and Vomiting of Pregnancy. Practice Bulletin #189; 2018 Jan [cited 2022 Mar 25]. Available from: <https://www.acog.org/clinical/clinicalguidance/practice-bulletin/articles/2018/01/nausea-and-vomiting-of-pregnancy>.
4. Feinleib J, Kwan LH, Yamani A. Postoperative nausea and vomiting. In Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 Nov [cited 2022 Mar 24]. Available from: <http://www.uptodate.com/utd/index.do>.
5. Focinvez® [package insert on the internet]. Bridgewater (NJ): Amneal Pharmaceuticals LLC; 2024 Mar.

### **Review History**

10/9/24 – Created for P&T. Adopted MH criteria. Focinvez will require PA under MB and PB. This policy was created for MB to be posted on MGBHP web. Effective 11.12.24

8/13/25 – Reviewed and updated for P&T. Part of annual UM review. References updated. No clinical changes. Effective 9/1/25

