

## Emend (fosaprepitant)

Drug names	<ul style="list-style-type: none"><li>Emend</li><li>Fosaprepitant</li></ul>						
Description	<p>Emend (fosaprepitant) blocks the chemicals in the body that trigger nausea and vomiting. It is used with other medications to prevent nausea and vomiting that may be caused by surgery or chemotherapy. It is given ahead of time and will not treat existing nausea or vomiting.</p> <p>It is administered by intravenous (IV) infusion.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.19.24</td><td>Refreshed due to age.</td></tr><tr><td>8.19.24</td><td>Updated to new template.</td></tr></table>	Date	Description	8.19.24	Refreshed due to age.	8.19.24	Updated to new template.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).						
Dean (DHP, Prevea360)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.						
Mayo Medical Plan (MMP)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.						
Medica (including MHPS)	<div>Coverage depends on platform.<table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS, UNET</td><td><ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Emend (fosaprepitant)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr></table></div>	Platform	Coverage	COSMOS, UNET	<ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Emend (fosaprepitant)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>	HealthRules	<ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>Follows Medicare guidelines.</li><li>Medicare is the primary payer.</li><li>If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>A Pharmacy Services Claim Edit (PSCE), <i>Emend (fosaprepitant)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li><b>Administration limit applies.</b> See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If approved, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li><li>Medica is the only payer.</li></ul>						
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>Follows Medicare guidelines.</li></ul>						
Med Advantage	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit or <a href="#">Home IV Therapy</a> benefits.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li>Follows Medicare guidelines.</li><li>Medica is the only payer.</li></ul>						
Med Supp (Select, Signature)	<p>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</p> <ul style="list-style-type: none"><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul>						
Medicaid	<p>Coverage depends on platform.</p> <table><tr><th>Platform</th><th>Coverage</th></tr><tr><td>COSMOS</td><td><ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Emend (fosaprepitant)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr><tr><td>HealthRules</td><td><ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul></td></tr></table>	Platform	Coverage	COSMOS	<ul style="list-style-type: none"><li>A Pharmacy Services Claim Edit (PSCE), <i>Emend (fosaprepitant)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Administration limit applies. See <i>Dosing Limits</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>Providers:</b> Certain providers are excluded. See <a href="#">Pharmacy Services Claim Edit (PSCE)</a>.</li></ul></li><li>If eligible, quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>	HealthRules	<ul style="list-style-type: none"><li>Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
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## Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.				
Dean (DHP, Medica formerly WellFirst, Prevea360)	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.				
Medica	Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.				
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