# Cinvanti (Aprepitant)

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| **Drug names** | 1. Aprepitant<br>2. Cinvanti |
| **Description** | Cinvanti (Aprepitant) 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.<br><br>It is administered by intravenous (IV) infusion. |
| **See also** | Similar, related, or easily confused documents.<br><br>• Emend (Fosaprepitant) - Another anti-nausea medication. |
| **Table of Contents** | The following topics are included in this document:<br><br>• Commercial<br>• Government Programs<br>• Individual and Family Business (IFB)<br>• MHPS |
| **Document history** | The document history for the past 12 months is outlined below. |

| Date | Description |
|---|---|
| 12.31.22 | New A-Z sheet. |

# Commercial

**Introduction**

This section applies to all Commercial members. Coverage depends on the member's platform: COSMOS, UNET, or HealthRules.

**COSMOS, UNET**

A Medical Pharmacy Services Claim Edit (PSCE), *Cinvanti (Aprepitant)*, is on Magellan Rx Management.

- Administration limit applies. Refer to *Dosing Limits*.
  - **Important**: Check policy for limits or exclusions.
  - **Providers**: Certain providers are excluded. Refer to Magellan Pharmacy Services Claim Edit (PSCE).
- If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.

**HealthRules**

Quote office visit, outpatient hospital, or Home IV Therapy benefits.

**Document history**

The document history for the past 12 months is outlined below.

| Date | Description |
|---|---|
| 12.31.22 | New A-Z sheet. |

# Government Programs

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| **Introduction** | This section applies to all Medicaid and Medicare products. |

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| **AccessAbility (SNBC),**<br><br>**Minnesota Senior Care Plus (MSC+)** | Medicaid only groups:<br>• Refer to Medicaid below.<br><br>Medicare eligible groups:<br>• Quote office visit, outpatient hospital, or Home IV Therapy benefits.<br>• Medicare is the primary payer.<br>• Follows Medicare guidelines.<br>• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below. |

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| **AccessAbility Enhanced (SNBC SNP),**<br><br>**DUAL (MSHO)** | A Medical Pharmacy Services Claim Edit (PSCE), *Cinvanti (Aprepitant)*, is on Magellan Rx Management.<br><br>• Administration limit applies. Refer to *Dosing Limits*.<br>  − **Important**: Check policy for limits or exclusions.<br>  − **Providers**: Certain providers are excluded. Refer to Magellan Pharmacy Services Claim Edit (PSCE).<br>• If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits.<br>• Medica is the only payer. |

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| **Advantage** | Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<br><br>• **Drug administration**: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.<br>• **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.<br>• Medica is the only payer. |

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| **Advantage PartnerCare (I-SNP)** | Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<br><br>• **Drug administration**: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.<br>• **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.<br>• Medica is the only payer. |

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| **Medicaid (SPP)** | Coverage depends on platform. Refer to table below. |

| Platform | Coverage |
|---|---|
| COSMOS | • A Medical Pharmacy Services Claim Edit (PSCE), *Cinvanti (Aprepitant)*, is on Magellan Rx Management.<br>• Administration limit applies. Refer to *Dosing Limits*.<br>  − **Important**: Check policy for limits or exclusions.<br>  − **Providers**: Certain providers are excluded. Refer to Magellan Pharmacy Services Claim Edit (PSCE).<br>• If eligible, quote office visit, outpatient hospital, or Home IV Therapy benefits. |
| HealthRules | • Quote office visit, outpatient hospital, or Home IV Therapy benefits. |

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| **Prime** | Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<br><br>• **Drug administration**: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.<br>• **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.<br>• **Reminder**: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits. |

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| **Select,**<br><br>**Signature** | Quote office visit, outpatient hospital, or Home IV Therapy benefits.<br><br>• Medicare supplement. Medicare is the primary payer.<br>• Follows Medicare guidelines. |

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| **Document history** | The document history for the past 12 months is outlined below. |

| Date | Description |
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| 12.31.22 | New A-Z sheet. |

# Individual and Family Business (IFB)

**Introduction**   This section applies to all Individual and Family Business (IFB) members.

**Benefits**   Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

**Document history**   The document history for the past 12 months is outlined below.

| Date | Description |
|------|-------------|
| 12.31.22 | New A-Z sheet. |

# Medica Health Plan Solutions (MHPS)

**Introduction**

This section applies to all Medica Health Plan Solutions (MHPS) members.

**Mayo Medical Plan**

Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

**All others**

Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

**Document history**

The document history for the past 12 months is outlined below.

| Date | Description |
|---|---|
| 12.31.22 | New A-Z sheet. |

**Applicability**

The applicability is outlined below.

| Business Segments |  |  |
|---|---|---|
| ■ All ☐ COM - (All) ☐ GOVT - (All) ☐ IFB ☐ MHPS ☐ PSC | | |
| **Specific Clients/Products** | | |
| ■ All ☐ Other: | | |
| **Platform or System** | | |
| ☐ All ■ N/A ☐ Other: | | |
| **Departments** | | |
| ■ Call Center ☐ Multiple: ☐ Other: | | |
| **Approved By** | **Document Owner** | **Date** |
| A-Z Review Team | KN Technical Writers | 12.31.22 |