

**CRITERIA FOR PRIOR AUTHORIZATION**

Emend® (aprepitant)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Aprepitant (Emend capsules)

**CRITERIA FOR PRIOR AUTHORIZATION FOR NAUSEA/VOMITING ASSOCIATED WITH CHEMOTHERAPY:** (must meet all of the following)

- Patient must have a diagnosis of cancer
- Patient must be on oral or intravenous (IV) chemotherapy

**LENGTH OF APPROVAL:** 12 months

**CRITERIA FOR PRIOR AUTHORIZATION FOR POSTOPERATIVE NAUSEA/VOMITING:** (must meet all of the following)

- Must be used for prevention of postoperative nausea and vomiting (PONV)
- **MUST NOT** be used for treatment of PONV

**LENGTH OF APPROVAL:** 1 capsule for 1 fill