



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Emend™ (aprepitant)

**Review Criteria**

- Subject to Preferred Drug List requirements
- Not approved for chronic use
- Approved for chemotherapy-induced nausea and vomiting only
  - U.S. Food and Drug Administration (FDA)-approved for postoperative nausea and vomiting but currently not covered by Montana Medicaid for this diagnosis

Limitations:

- Dosing limitations dependent on chemotherapy schedule
- General dosing, 125mg on day one of chemotherapy treatment and 80mg once daily on days two and three