

## Payment Policy | Oral Anti-Emetic Drugs



**EFFECTIVE DATE:** 06|30|2008

**POLICY LAST UPDATED:** 12|30|2016

### OVERVIEW

An anti-emetic drug is used to reduce or prevent nausea and vomiting.

### MEDICAL CRITERIA

None.

### PRIOR AUTHORIZATION

Prior authorization review is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare

Oral antiemetics are covered under Part B **ONLY** under the following circumstances:

- when provided by the facility/physician administering chemotherapy as a full replacement for an intravenous Anti-emetic drug as part of a Cancer Chemotherapeutic regimen. (This includes situations where the patient's dosage will extend beyond the day of chemotherapy (i.e. three drug combination antiemetics)

In all other situation, oral antiemetics are covered under the member's Part D benefit.

#### All other Products (including RItE Care):

Oral antiemetic drugs are self administered and covered under the pharmacy benefit.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or subscriber agreement for the applicable benefits/coverage.

### BACKGROUND

An anti-emetic drug is most commonly used for nausea associated with chemotherapy or radiotherapy. The medication is typically given before administration of the treatment in order to block the chemicals from activating the brain's nausea center. Anti-emetics may be taken orally, by injection, or by suppository.

### CODING

The following codes are covered for BlueCHiP for Medicare members as a Part B benefit:

**J8498** Antiemetic drug, rectal/suppository, not otherwise specified

**J8501** Aprepitant, oral, 5 mg

**J8540** Dexamethasone, oral, 0.25 mg

**J8597** Antiemetic drug, oral, not otherwise specified

**J8670** Rolapitant, oral, 1 mg (Effective 1/1/17)

**Q0161** Chlorpromazine hcl 5mg oral

**Q0162** Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

- Q0163 Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
- Q0164 Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0165 Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0166 Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
- Q0167 Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0168 Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0169 Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0170 Promethazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen **(Deleted Effective 1/1/14)**
- Q0171 Chlorpromazine hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen **(Deleted Effective 1/1/14)**
- Q0172 Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen **(Deleted Effective 1/1/14)**
- Q0173 Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0174 Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0175 Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0176 Perphenazine, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen **(Deleted Effective 1/1/14)**
- Q0177 Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q0178 Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen **(Deleted Effective 1/1/14)**
- Q0180 Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

- Q0181** Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
- Q9981** Rolapitant, oral, 1 mg (Deleted effective 12/31/2016.)
- S0119** Ondansetron, oral, 4 MG (for circumstances falling under the Medicare statute,

#### RELATED POLICIES

None

#### PUBLISHED

Provider Update, December 2008

#### REFERENCES

None.

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