



**EFFECTIVE DATE:** 09|16|2008

**POLICY LAST UPDATED:** 04|18|2017

## OVERVIEW

This policy documents how certain antiemetic drugs are covered under Part B for BlueCHiP for Medicare members. An antiemetic drug is used to reduce or prevent nausea and vomiting.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## 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 situations, oral antiemetics are covered under the member's Part D benefit.

## Commercial Products

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, Evidence of Coverage or Subscriber Agreement, for the applicable drug benefits/coverage.

## BACKGROUND

An antiemetic 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
- J8655** Netupitant 300 mg and palonosetron 0.5 mg
- J8597** Antiemetic drug, oral, not otherwise specified
- J8670** Rolapitant, oral, 1 mg
- 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
- 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
- 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
- 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
- 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
- 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
- S0119** Ondansetron, oral, 4 MG (for circumstances falling under the Medicare statute)

#### **RELATED POLICIES**

None.

#### **PUBLISHED**

Provider Update, June 2017

Provider Update, December 2008

#### **REFERENCES:**

None.

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