CINVANTI® (aprepitant) injectable emulsion

Coding Reference Guide

ICD-10 Diagnosis Code	
Code	**Description**
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.13	Vomiting of fecal matter
R11.14	Bilious vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5*	Adverse effects of antineoplastic and immunosuppressive drugs
Z41.9*	Encounter for other procedures for purposes other than remedying health state
Z51.11*†	Encounter for antineoplastic chemotherapy

*Supplementary Classification Code
†Required when given within 48 hours of moderately or highly emetogenic chemotherapy

National Drug Code (NDC)	
NDC	**Description**
47426-0201-01	Single-dose vial 130 mg IV

Coding for CINVANTI	
HCPCS Code	**Description**
J3490	Unclassified drug
C9463‡	Injection, aprepitant, 1 mg

‡Medicare Hospital Outpatient

Modifier	Description
JW Modifier	Drug amount discarded/not administered to any patient (Indicate quantity discarded)

Professional Services and CPT Codes	
CPT Code	**Description**
96367	intravenous infusion, for therapy, prophylaxis, or diagnosis; additional sequential infusion of a new drug/substance, up to 1 hour

Hospital Service and Supplies	
Revenue Codes	**Description**
0631	Single source drug
0636	Drugs requiring detailed coding

The coding information contained herein is for informative purposes only, and is not a guarantee of coverage or reimbursement for any product or service. This information is not intended to substitute for the physician's independent diagnosis or treatment of each patient. Coding requirements may vary by payer; please consult the payer to determine which codes are required.

For questions regarding CINVANTI billing and coding please call Heron Connect at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 8 PM ET, Monday through Friday.

Please see Indications and Important Safety Information on reverse.

www.cinvanti.com

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INDICATION

CINVANTI is a substance P/neurokinin-1 (NK1) receptor antagonist, indicated in adults, in combination with other antiemetic agents, for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin and nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).

Limitations of Use: CINVANTI has not been studied for treatment of established nausea and vomiting.

IMPORTANT SAFETY INFORMATION

Contraindications

CINVANTI is contraindicated in patients with hypersensitivity to any of the components of CINVANTI.

Concurrent use of pimozide with CINVANTI is contraindicated.

Warnings and Precautions

Clinically Significant CYP3A4 Drug Interactions

Aprepitant is a substrate, weak-to-moderate (dose-dependent) inhibitor, and an inducer of CYP3A4.

- Use with other drugs that are CYP3A4 substrates may result in increased plasma concentration of the concomitant drug.
  - Use of pimozide with CINVANTI is contraindicated due to the risk of significantly increased plasma concentrations of pimozide, potentially resulting in prolongation of the QT interval, a known adverse reaction of pimozide.
- Use of CINVANTI with strong or moderate CYP3A4 inhibitors (e.g., ketoconazole, diltiazem) may increase plasma concentrations of aprepitant and result in an increased risk of adverse reactions related to CINVANTI.
- Use of CINVANTI with strong CYP3A4 inducers (e.g., rifampin) may result in a reduction in aprepitant plasma concentrations and decreased efficacy of aprepitant.

Hypersensitivity Reactions

Serious hypersensitivity reactions, including anaphylaxis and anaphylactic shock, have been reported with fosaprepitant, a prodrug of aprepitant, and with oral aprepitant. Symptoms including flushing, erythema, dyspnea, hypotension and syncope have been reported. If symptoms occur, discontinue CINVANTI. Do not reinstate if symptoms occur with first time use.

Decrease in INR with Concomitant Warfarin

Co-administration of CINVANTI with warfarin, a CYP2C9 substrate, may result in a clinically significant decrease in the International Normalized Ratio (INR) of prothrombin time. Monitor the INR in patients on chronic warfarin therapy in the 2-week period, particularly at 7 to 10 days, following initiation of CINVANTI with each chemotherapy cycle.

Risk of Reduced Efficacy of Hormonal Contraceptives

The efficacy of hormonal contraceptives may be reduced during administration of and for 28 days following the last dose of CINVANTI. Advise patients to use effective alternative or back-up methods of non-hormonal contraception during treatment with CINVANTI and for 1 month following administration of CINVANTI or oral aprepitant, whichever is administered last.

Use in Specific Populations

Avoid use of CINVANTI in pregnant women as alcohol is an inactive ingredient for CINVANTI. There is no safe level of alcohol exposure in pregnancy.

Adverse Reactions

The most common adverse reactions with the 3-day oral aprepitant regimen in conjunction with MEC (≥1% and greater than standard therapy) were fatigue and eructation.

The most common adverse reactions with the single-dose intravenous fosaprepitant regimen in conjunction with HEC were generally similar to that seen in prior HEC studies with oral aprepitant. In addition, infusion site reactions (3%) occurred.

The most common adverse reactions with single-dose CINVANTI (≥2%) were headache and fatigue.

For more information about CINVANTI, please see accompanying full Prescribing Information.

HERON THERAPEUTICS