Step Edit Exclusion Request Letter for CINVANTI® (aprepitant)

This letter is an example letter designed to request the removal of the CINVANTI step for your practice. Please edit and adapt to your practice needs.

Letter

June XX, 2025

Dear XXXXX (Your Health Plan Provider Representative)

As practicing oncologists at XXXXXXXX, we treat vulnerable cancer patients every day. We are writing to request the removal of all step-edit barriers for our practice currently restricting CINVANTI® (aprepitant) injectable emulsion, for intravenous use for chemotherapy-induced nausea and vomiting (CINV).

Please add your practice details here: (Example)

XXXXXXXXXXXX has been serving adult patients with malignant diseases and blood disorders since XXXX. The physicians, nurses, and staff of XXXXXXXXXXXXX strive to provide the highest quality, individualized care for our patients in a compassionate, attentive manner. It is our mission to provide up-to-date care in an environment that comforts our patients and their families, respects their individual needs and wishes, and preserves their dignity.

XXXXXXX(Health Plan) medical policy states that cancer patients receiving Moderately Emetogenic Chemotherapy (MEC) and Highly Emetogenic Chemotherapy (HEC) must endure a step therapy failure of fosaprepitant to obtain access to CINVANTI. This is unacceptable and clinically unjustified.

According to a 2018 study in *Support Care Cancer*, CINV is the most feared side-effect for patients diagnosed with cancer and often has a significant impact on their quality of life and willingness to continue with the treatment that may save their life. Therefore, it is unacceptable to have restrictive coverage policies that force patients to experience incidents of violent, long-lasting vomiting before allowing access to newer, more effective treatments. Being diagnosed with cancer is devastating enough; no cancer patient deserves this restrictive policy.

CINVANTI is our practice's primary Neurokinin 1 Receptor Antagonist (NK1) as it's the only IV formulation that supports our clinical and operational needs with a 2-minute IV push. Additionally, CINVANTI has a unique synthetic-surfactant-free formulation that results in fewer infusion site reactions. Your current step has us using a product administered as an IV infusion over a longer duration of 20-30 minutes vs a 2-minute IV push. This step disadvantages your XXXXXXXX members by significantly increasing their chair time, and the added duration of the infusion increases our staffing and supply requirements for our practice. Considering that cancer therapy can approach hundreds of thousands of dollars, stepping to a more efficient $230.00 product is unjustified.

The CINVANTI IV Push does not require the use of infusion bags and fluids, which have frequently been in short supply. In the face of ongoing shortages, the American Society of Health-System Pharmacists (ASHP) recommends switching from IV infusion to IV push whenever possible.

Based on our experience, most payers have removed management, outside of a PA, from this CINV class, as they recognize the importance of allowing oncologists to prescribe the product that they believe will work best in conjunction with the patient's chemotherapy regimen.

We are requesting the removal of all step edit barriers for CINVANTI associated with our practice, which will help our patients live the best quality of life possible during this devastating period of their lives.

Please see the attached package insert for CINVANTI.

Sincerely,

Xxxxxxxxxxxxxxxxxx