

## ORDERING AND PRICING INFORMATION

APONVIE is a proven, effective antiemetic for the prevention of postoperative nausea and vomiting (PONV) that is delivered via a single IV push and offers 48-hour effective duration.<sup>1-3</sup>





First and only IV NK<sub>1</sub> antagonist for prevention of PONV<sup>1</sup>



Superior vomiting prevention versus ondansetron through 48 hours<sup>1-3,a</sup>



Single IV push<sup>1</sup>



Comparable safety profile to IV ondansetron without QT prolongation<sup>1</sup>



Reaches therapeutic plasma concentrations associated with ≥97% receptor occupancy within 5 minutes 1,4,5,b

**Supplied and marketed by:** Heron Therapeutics, Inc **Product name:** APONVIE

Established name: aprepitant injectable emulsion

#### APONVIE is priced to support broad access.

- GPO, 340B, and sub-WAC pricing available
- Distribution through authorized wholesalers and specialty distributors; prime vendor discounts apply

# KEY PRODUCT AND PACKAGING CHARACTERISTICS

- APONVIE is an injectable, opaque, off-white to amber emulsion
- Packaged in cartons of 10 vials
- Each single-dose vial contains 32 mg aprepitant in 4.4 mL (7.2 mg/mL)
- APONVIE is developed and packaged in the United States

#### STORAGE AND HANDLING

Refrigerate APONVIE at 2°C to 8°C (36°F to 46°F). APONVIE can remain at room temperature (20°C to 25°C [68°F to 77°F]) for up to 60 days. **Do not freeze**.

In the event of a physical defect in the product or labeling for APONVIE, Heron Therapeutics will provide a replacement. Contact Heron Connect® at 1-844-HERONII (1-844-437-6611) from 8 AM to 5 PM ET, Monday through Friday for more information.

Product Code	WAC Price	340B Price
(NDC)	per Vial	per Vial
<b>47426-401-01</b> (single-dose vial) <b>47426-401-10</b> (carton of 10 vials)	\$58.00	\$43.89

**Note: APONVIE is only supplied in cartons of 10 vials.** APONVIE pricing as of March 3, 2023. 340B prices update quarterly. Confirm current pricing with your Heron representative.

Questions? Contact Heron Connect at 1-844-HERON11 (1-844-437-6611) or HeronConnect.com

#### **INDICATION**

APONVIE is a substance P/neurokinin-1 (NK<sub>1</sub>) receptor antagonist, indicated for the prevention of postoperative nausea and vomiting in adults.

<u>Limitations of Use</u>: APONVIE has not been studied for treatment of established nausea and vomiting.

#### **IMPORTANT SAFETY INFORMATION**

#### **Contraindications:**

APONVIE is contraindicated in patients with a history of hypersensitivity to aprepitant or any component of the product, and in patients taking pimozide. Increased pimozide levels may cause serious or life-threatening reactions, such as QT prolongation.

Please see additional Important Safety Information on the following page and full <u>Prescribing Information</u>.

<sup>&</sup>lt;sup>a</sup>Unadjusted *P* value.

<sup>&</sup>lt;sup>b</sup>The relationship between receptor occupancy and efficacy has not been established.



### **IMPORTANT SAFETY INFORMATION (cont)**

#### Warning and Precautions:

Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, during or soon after administration of aprepitant have occurred. Symptoms including dyspnea, eye swelling, flushing, pruritus, and wheezing have been reported. Monitor patients during and after administration. If hypersensitivity reactions occur, administer appropriate medical therapy. Do not administer APONVIE in patients who experienced these symptoms with previous use of aprepitant.

Clinically Significant CYP3A4 Drug Interactions:
Aprepitant is a substrate, weak-to-moderate
(dose-dependent) inhibitor, and an inducer of
CYP3A4. Use of pimozide, a CYP3A4 substrate, with
APONVIE is contraindicated. Use of APONVIE with
strong CYP3A4 inhibitors (eg, ketoconazole) may
increase plasma concentrations of aprepitant and
result in an increased risk of adverse reactions
related to APONVIE. Use of APONVIE with strong
CYP3A4 inducers (eg, rifampin) may result in a
reduction in aprepitant plasma concentrations
and decreased efficacy of APONVIE.

Decrease in INR with Concomitant Warfarin: Use of aprepitant 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 administration of APONVIE.

Risk of Reduced Efficacy of Hormonal
Contraceptives: The efficacy of hormonal
contraceptives may be reduced for 28 days
following administration of APONVIE. Advise patients
to use effective alternative or back-up methods of
non-hormonal contraception for 1 month following
administration of APONVIE.

#### Use in Specific Populations:

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

#### Adverse Reactions:

Most common adverse reactions (incidence 23%) for APONVIE are constipation, fatigue, and headache and for oral aprepitant are constipation and hypotension.

Report side effects to Heron at 1-844-437-6611 or to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information.

REFERENCES: 1. APONVIE [package insert]. San Diego, CA: Heron Therapeutics Inc; 2022. 2. Diemunsch P, Apfel C, Gan TJ, et al. Preventing postoperative nausea and vomiting: post hoc analysis of pooled data from two randomized active-controlled trials of aprepitant. Curr Med Res Opin. 2007;23(10):2559-2565. doi:10.1185/030079907X233115. 3. Gan TJ, Apfel CC, Kovac A, et al. A randomized, doubleblind comparison of the NK1 antagonist, aprepitant, versus ondansetron for the prevention of postoperative nausea and vomiting. Anesth Analg. 2007;104(5):1082-1089. doi:10.1213/01.ane.0000263277.35140.a3. 4. Data on file. Summary of clinical pharmacology studies. San Diego, CA: Heron Therapeutics Inc; 2021. 5. Van Laere K, De Hoon J, Bormans G, et al. Equivalent dynamic human brain NK-receptor occupancy following single-dose i.v. fosaprepitant vs. oral aprepitant as assessed by PET imaging. Clin Pharmacol Ther. 2012;92(2):243-250. doi:10.1038/clpt.2012.62.

