

Neighborhood Health Plan of Rhode Island Prior Authorization Form Emend® (Aprepitant)

Instructions:

The General laws of the State of RI provide for a “generic first” Pharmacy Benefit for the State’s Managed Medicaid program. Use of brand name drugs is limited to specific “exempt” drug classes and cases where there is documented evidence that the patient has tried and failed therapy with generic drugs. This form is to be used by participating physicians and providers to obtain coverage for a brand name drug when there is evidence that the patient has tried and failed therapy with generic drugs. *Failure to complete this form will result in Neighborhood not paying for the ordered drug and may delay delivery of the drug to your patient.*

Please complete this form and **fax** to: Neighborhood Customer Service at fax # 866-423-0945.

To review the entire Neighborhood Formulary, please visit our website at:

<http://www.nhpri.org/matriarch/MultiPiecePage.asp> Q PageID E 356

PLEASE COMPLETE THE FOLLOWING SECTIONS:

Patient Name: _____ Member ID# : _____ Date of Request: ____/____/____

Date of Birth: ____/____/____ Pt. Height in cm: _____ Pt. Weight in kg: _____ Pt. BSA: _____

Provider Name: _____ Phone: _____ Fax: _____

INDICATIONS FOR USE: (if this is a renewal proceed to question 7)

YES NO

1. Patient is receiving highly emetogenic chemotherapy: <ul style="list-style-type: none"> • patient will qualify if on any agent from level 5, a combination of agents in levels 3 and 4, or a combination of agents in levels 2 and 4. 				<input type="checkbox"/>	<input type="checkbox"/>
Level 2	Level 3	Level 4	Level 5		
Asparaginase Cytarabine (<1g/m ²) Docetaxel Doxorubicin (<20mg/m ²) Etoposide Fluorouracil (<1000mg/m ²) Gemcitabine Methotrexate(>50mg/m ² ; <250mg/m ²) Mitomycin Paclitaxel Teniposide Thiotepa Topotecan	Aldesleukin Cyclophosphamide(i.v. ≤750mg/m ²) Dactinomycin (≤1.5mg/m ²) Doxorubicin (20-60mg/m ²) Epirubicin (≤90mg/m ²) Idarubicin Ifosfamide Methenamine (oral) Methotrexate (250-1000mg/m ²) Mitoxantrone(≤15mg/m ²)	Carboplatin Carmustine(<250mg/m ²) Cisplatin(<50mg/m ²) Cyclophosphamide(>750mg/m ² to ≤1500mg/m ²) Cytarabine (≥1mg/m ²) Dactinomycin (>1.5mg/m ²) Doxorubicin (>60mg/m ²) Ironotecan Melphalan i.v. Methotrexate (≥1000mg/m ²) Mitoxantrone (>15mg/m ²) Procarbazine (oral)	Carmustine (>250mg/m ²) Cisplatin (≥50mg/m ²) cyclophosphamide (>1500mg/m ²) Dacarbazine (≥500mg/m ²) Lomustine (>60mg/m ²) Mechlorethamine Pentostatin Streptozocin		
2. Patient has been treated with a 5HT ₃ antagonist in combination with a corticosteroid for one cycle of chemotherapy				<input type="checkbox"/>	<input type="checkbox"/>
3. Patient experienced: <ul style="list-style-type: none"> • Acute nausea and vomiting • Delayed nausea and vomiting (n/v occurred at > 24 hours post infusion) 				<input type="checkbox"/>	<input type="checkbox"/>
4. Patient is ≥ 18 years of age, pediatric patients will be reviewed on a case by case basis.				<input type="checkbox"/>	<input type="checkbox"/>
5. Prescriber is an Oncologist				<input type="checkbox"/>	<input type="checkbox"/>
6. Prescriber understands Emend® is only to be given in combination with a 5HT ₃ antagonist and a corticosteroid regimen and has ensured patient has these medications available.				<input type="checkbox"/>	<input type="checkbox"/>
7. If this is a renewal: Has the patient experienced a reduction in nausea or emetogenic episodes?				<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR BENEFIT DENIAL:

YES NO

1. Intended use is not for highly emetogenic chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient is currently taking Orap™ (pimozide) or Propulsid® (cisapride)	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient does not meet above criteria	<input type="checkbox"/>	<input type="checkbox"/>

If patient meets criteria:

- **Initial approval: 6 months** • **Quantity limit: 6 caps/30 days** • **Renewal approval period: 4 months**
- All information provided on this form is accurate as of this date.*

Prescriber's Signature and NPI

Date