

Pharmacy Part B vs. Part D determination form

Fax completed form to: 877 974-4411 toll free, or 616 942-8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

AnzemetTM (dolasetron)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request

Drug product: Anzemet 50 mg tablet Anzemet 100 mg tablet

Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Coverage determination criteria

This drug requires prior authorization and may be covered differently under Medicare Part B (medical benefit) or D (prescription drug benefit) depending on the patient's circumstances. To determine which benefit the drug is covered under, Priority Health Medicare needs to know the use and setting of the drug.

1. **What is the condition this drug is being used for?**
 - Prevention of chemotherapy-induced nausea and vomiting (*please answer additional questions below*)
 - Prevention of postoperative nausea and vomiting
 - Prevention of radiation-induced nausea and vomiting
 - Other – the patient's condition is: _____
2. **Anzemet is a full therapeutic replacement for the IV anti-emetic drug that would have otherwise been used.**
 - Yes
 - No
3. **Will Anzemet be given to the patient within 2 hours of administering chemotherapy?**
 - Yes
 - No
4. **Will Anzemet be given within 48 hours of chemotherapy?**
 - Yes
 - No
5. **Will the patient receive Anzemet more than 48 hours after chemotherapy?**
 - Yes
 - No

Additional information

Medicare Part B covers self-administered anti-emetic drugs necessary for the administration and absorption of the chemotherapeutic agent when a high likelihood of vomiting exists. The oral anti-emetic drug must be used under the following conditions for coverage under Medicare Part B:

- The oral drug is approved by the FDA for use as an anti-emetic
- The oral anti-emetic is administered by the treating physician or in accordance with a written order from the physician as part of a cancer chemotherapy regimen
- Oral anti-emetic drugs administered with a particular chemotherapy treatment are initiated within 2 hours of the administration of the chemotherapeutic agent and may be continued for a period not to exceed 48 hours from that time
- The oral anti-emetic drug is being used as a full therapeutic replacement for the intravenous anti-emetic drugs that would have otherwise been administered at the time of the chemotherapy treatment

When this drug is not covered under Medicare Part B, it is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- -- *or* -- supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Anzemet likely be the most effective option for this patient?

- No
 Yes, because: _____

If the patient is currently using Anzenet, would changing the patient's current regimen likely result in adverse effects for the patient?

- No
 Yes, because: _____