

# 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.

## Emend<sup>®</sup> (aprepitant)

### 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:  Emend 40 mg capsule  Emend 80 mg capsule  Emend Combo Pak 125 mg-80 mg capsule

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 services) or D (prescription drug coverage) 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.

- This drug will be given to the patient within 48 hours of chemotherapy
- The patient **will** receive intravenous antiemetic therapy more than 48 hours after chemotherapy
  - The patient **will not** receive intravenous antiemetic therapy more than 48 hours after chemotherapy

### What is the condition this drug is being used for?

- Depression
- Prevention of chemotherapy-induced nausea and vomiting  
 What chemotherapy is the patient using: \_\_\_\_\_
- Prevention of postoperative nausea and vomiting
- Prevention of radiation-induced nausea and vomiting
- other – the patient's condition is: \_\_\_\_\_

### Additional information

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, the DRUGDEX Information System, and the USPDI or its successor.)

### Additional information

**Note:** Emend is limited to 6 capsules every 31 days.