

Medicare 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.

Ondansetron (generic Zofran)

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

Drug product: ondansetron 4 mg tablet ondansetron 8 mg tablet ondansetron 24 mg tablet ondansetron 4 mg ODT ondansetron 8 mg ODT ondansetron 4 mg/5 mL solution

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?

- Bulimia nervosa
- Drug-induced nausea and vomiting
- Fatigue caused by chronic liver disease
- Gilles de la Tourette's syndrome
- Hollow visceral neuropathy
- Hyperemesis gravidarum
- Prevention of chemotherapy-induced nausea and vomiting
- Prevention of postoperative nausea and vomiting, the patient's surgery was on: _____ (date)
- Prevention of radiation-induced nausea and vomiting
- Pruritus
- Psychotic disorder
- Prevention of postanesthesia shivering (PAS)
- Other – the patient's condition is: _____
- Injection site pain
- Intention tremor
- Multiple Sclerosis related nausea
- Panic disorder
- Pediatric gastroenteritis
- Schizophrenia (only if the patient is taking haloperidol)
- Tardive dyskinesia