

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

EMEND

(oral aprepitant and injectable fosaprepitant)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992**

CRITERIA:

- Patients receiving cancer chemotherapy regimens that are classified as high emetic risk may receive Emend (oral or injectable) as first-line treatment.
- Patients on other cancer chemotherapy regimens require a failure on trial of any ONE of the 5HT3 medications (e.g. Zofran, Anzemet, Kytril, or Aloxi)

INFORMATION: Used in combination with corticosteroid and other 5HT3 agents, is indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy including high dose Cisplatin

AUTHORIZATION:

6 months

3 doses per chemotherapy session

RE-AUTHORIZATION:

Updated letter of medical necessity

11/28/2016

<https://medicaid.utah.gov/pharmacy/>