



Anti-Emetic Agents

Akynzeo (fosnetupitant-palonosetron) J1454, Focinvez (fosaprepitant) J1434, Sustol (granisetron) J1627

Prior Authorization Request

Medicare Part B Form

Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

Form with checkboxes for Standard Request (72 Hours) and Urgent Request, and fields for Date Requested, Requestor, Clinic name, Phone, and Fax.

MEMBER INFORMATION

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION

*Name: _____ [] MD [] FNP [] DO [] NP [] PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION

Table with 5 columns: HCPC Code, Name of Drug, Dose (Wt: ___ kg Ht: ___), Frequency, End Date if known.

[] Self-administered [] Provider-administered [] Home Infusion

[] Chart notes attached. Other important information: _____

Diagnosis: ICD10: _____ Description: _____

[] Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

[] New Start or Initial Request: (Clinical documentation required for all requests)

- [] Chemotherapy-induced nausea and vomiting, Acute and delayed, associated with highly emetogenic chemotherapy,
[] Chemotherapy-induced nausea and vomiting, Highly emetogenic chemotherapy; Prophylaxis
[] Chemotherapy-induced nausea and vomiting, Moderately emetogenic chemotherapy; Prophylaxis
If not, please provide clinical rationale for formulary exception: _____

[] Continuation Requests: (Clinical documentation required for all requests)

- [] Patient had an adequate response or significant improvement while on this medication.
If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ Date: ___ / ___ / ___

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Anti-Emetic Agents PA

Drug Name(s):

AKYNZEO	FOSNETUPITANT-PALONOSETRON
FOCINVEZ	FOSNETUPITANT-DIMEGLUMINE
SUSTOL	GRANISETRON

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan, in accordance with the Label.

Exclusion Criteria:

N/A

Prescriber Restrictions:

N/A

Coverage Duration:

Approval will be for 12 months

FDA Indications:

Akynzeo

- Chemotherapy-induced nausea and vomiting, Acute and delayed, associated with highly emetogenic chemotherapy, in combination with dexamethasone; Prophylaxis

Focinvez

- Chemotherapy-induced nausea and vomiting, Due to highly emetogenic chemotherapy, including high-dose cisplatin; ProphylaxisView additional information.
- Chemotherapy-induced nausea and vomiting, Due to moderately emetogenic chemotherapy; Prophylaxis

Sustol

- Chemotherapy-induced nausea and vomiting, Chemotherapy regimens containing an anthracycline in combination with cyclophosphamide; ProphylaxisView additional information.
- Chemotherapy-induced nausea and vomiting, Highly emetogenic chemotherapy; ProphylaxisView additional information.
- Chemotherapy-induced nausea and vomiting, Moderately emetogenic chemotherapy; Prophylaxis

Off-Label Uses:

Focinvez

- Chemotherapy-induced nausea and vomiting, In patients receiving cisplatin-based chemotherapy; Prophylaxis - Nausea and vomiting caused by radiation; Prophylaxis

Age Restrictions:

Akynzeo, Sustol

- Safety and efficacy have not been established in patients younger than 18 years

Focinvez

- 6-months and older



Other Clinical Considerations:

N/A

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/BAA8B2/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/8D9BF7/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=932463&contentSetId=100&title=Fosnetupitant%2FPalonosetron&servicesTitle=Fosnetupitant%2FPalonosetron&brandName=Akynzeo&UserMdxSearchTerm=Akynzeo#

https://www.micromedexsolutions.com/micromedex2/librarian/CS/AF62FB/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN C/16B017/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDash board?docId=928981&contentSetId=100&title=Fosaprepitant+Dimeglumine&servicesTitle=Fosaprepitant+Dimeglumine&brandName=Focinvez&Us erMdxSearchTerm=Focinvez#

<https://www.micromedexsolutions.com/micromedex2/librarian/PFDefaultActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Sustol&UserS earchTerm=Sustol&SearchFilter=filterNone&navitem=searchGlobal#>

CLINICAL / CMS ONLY