



Oral Anti-Emetics

**Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922**

Member's Last Name	Member's First Name
VH ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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<p>1. Is the member using the medication in conjunction with chemotherapy?</p> <p>a. What is the dosing schedule?</p>
<p>2. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?</p>