Aprepitant

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

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

Medication:	Diagnosis:

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. What is the member's diagnosis or indication?

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2. θ Yes θ No Is aprepitant being used as full therapeutic replacement for IV anti-emetic drugs within 2 hours prior to administration of the anticancer treatment and not exceeding 48 hours after the treatment?
3. θ Yes θ No Is aprepitant being given in combination with a 5HT3 antagonist (e.g., ondansetron, granisetron, dolasetron, etc.) and dexamethasone?

4. θ Yes θ No Is aprepitant being used after 48 hours of administration of chemotherapy regimen?
5. θ Yes θ No Is the patient receiving one or more of the following anti-cancer agents: alemtuzumab, azacitidine, bendamustin, carboplatin, carmustine, cisplatin, clofarabine, cyclophosphamide, cytarabine, dacarbazine, daunorubicin, doxorubicin, epirubicin, idarubicin, ifosfamide, irinotecan, lomustine, mechlorethamine, oxaliplatin, streptozocin?
6. θ Yes θ No Has the patient tried one of the following formulary 5-HT3 antagonists: ondansetron or granisetron?

Please document medications tried:

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Please document the symptoms and/or any other information important to this review:

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SECTION B Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at http://www.scanhealthplan.com