



Anti-Emetic Agents

Akynzeo (fosnetupitant-palonosetron) J1454

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.

Request type selection: Standard Request (72 Hours) or Urgent Request. Includes 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)
[Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.
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**

### 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.

### 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

### Off-Label Uses:

**N/A**

### Age Restrictions:

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

### Other Clinical Considerations:

**N/A**

### Resources:

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/082AA0/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYN/C/E2E20C/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.DoIntegrat edSearch?SearchTerm=Octreotide&UserSearchTerm=Octreotide&SearchFilter=filterNone&navitem=searchGlobal#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/082AA0/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYN/C/E2E20C/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegrat edSearch?SearchTerm=Octreotide&UserSearchTerm=Octreotide&SearchFilter=filterNone&navitem=searchGlobal#)