



Emend, Cinvanti (aprepitant)

Fax completed form to: (855) 840-1678
 If this is an URGENT request, please call (800) 882-4462
 (800.88.CIGNA)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:

- Standard Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication Requested:

- Cinvanti 130mg/18ml vial
 Emend 150mg vial
 Emend 40mg capsules Emend 125mg capsules
 Emend 80mg capsules Emend 125mg oral suspension
 other (please specify):

Directions for use: _____ Dose: _____ Quantity: _____
 Duration of therapy: _____ ICD10: _____ Jcode: _____

Where will this medication be obtained?

- Accredo Specialty Pharmacy** Retail pharmacy
 Prescriber's office stock (billing on a medical claim form) Home Health / Home Infusion vendor
 Other (please specify): _____ **Cigna's nationally preferred specialty pharmacy

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:

Facility Name: _____ State: _____ Tax ID#: _____
 Address (City, State, Zip Code): _____

NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting

Is this infusion occurring in a facility affiliated with hospital outpatient setting? Yes No

If yes- Is this patient a candidate for re-direction to an alternate setting after 1-2 infusions (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? Yes No (provide medical necessity rationale):

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? Yes No

Clinical Information

If oral Emend:

- Does your patient have documented intolerance or inability to use generic aprepitant capsules? Yes No
 Is the patient 18 years of age or older? Yes No
 (if no) Is the patient 12 years of age and older OR weighing at least 30 kg? Yes No
 (if pediatric) Is Emend being used for prevention of nausea and vomiting associated with cancer chemotherapy? Yes No
 (if pediatric) Will Emend be used in combination with a serotonin (5-HT3) receptor antagonist? Yes No
 (if adult) Is Emend being used to prevent post-operative nausea and vomiting (PONV)? Yes No
 (if adult) Is Emend being used to prevent chemotherapy-induced nausea and vomiting (CINV)? Yes No
 (if adult CINV) Will Emend be used in combination with dexamethasone and a serotonin (5-HT3) receptor antagonist? Yes No

(if adult CINV) Is your patient receiving IV (intravenous) chemotherapy? Yes No

(if yes) What is the emetic risk (risk of vomiting) of this IV chemotherapy?

- high risk (over 90% frequency of vomiting)
- moderate risk (30-90% frequency of vomiting)
- low risk (10-30% frequency of vomiting)
- minimal risk (less than 10% frequency of vomiting)

If Cinvanti:

Is Cinvanti being used to prevent chemotherapy-induced nausea and vomiting (CINV)? Yes No

Will Cinvanti be used in combination with dexamethasone and a serotonin (5-HT3) receptor antagonist? Yes No

Is your patient receiving IV (intravenous) chemotherapy? Yes No

(if yes) What is the emetic risk (risk of vomiting) of this IV chemotherapy?

- high risk (over 90% frequency of vomiting)
- moderate risk (30-90% frequency of vomiting)
- low risk (10-30% frequency of vomiting)
- minimal risk (less than 10% frequency of vomiting)

If injectable Emend (fosprepitant):

Is Emend (fosprepitant) being used to prevent chemotherapy-induced nausea and vomiting (CINV)? Yes No

Will Emend (fosprepitant) be used in combination with dexamethasone and a serotonin (5-HT3) receptor antagonist? Yes No

Is your patient receiving IV (intravenous) chemotherapy? Yes No

(if yes) What is the emetic risk (risk of vomiting) of this IV chemotherapy?

- high risk (over 90% frequency of vomiting)
- moderate risk (30-90% frequency of vomiting)
- low risk (10-30% frequency of vomiting)
- minimal risk (less than 10% frequency of vomiting)

Please list all chemotherapy drugs that the patient is receiving. Include names of the drugs, doses, and administration schedules:

Additional pertinent information (including alternatives tried):

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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