



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 80mg capsules
 other (please specify):
 Emend 125mg capsules
 Emend 125mg oral suspension

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

Where will this medication be obtained?

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

**Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 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 (fosoprepitant):

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

Will Emend (fosoprepitant) 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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