



Part B Prior Authorization Guidelines

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.

<input type="checkbox"/>	<b>NEW START - Start Date:</b> _____	<input type="checkbox"/>	<b>Continuation</b> (within 365 days): Date of last treatment _____
<input type="checkbox"/>	Date Requested _____		
	Requestor _____	Clinic name: _____	Phone _____ / 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**

HCPC Code	Name of Drug <input type="checkbox"/> Self-administered	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

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)  
 **Provider has reviewed the attached “Criteria for Continuation” and attests the member meets ALL required PA Continuation criteria.**  
 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.DoIntegradedSearch?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.DoIntegradedSearch?SearchTerm=Octreotide&UserSearchTerm=Octreotide&SearchFilter=filterNone&navitem=searchGlobal#)