

Prescriber Criteria Form

Emend Varubi 2025 PA Fax BD-3 v1 010125.docx  
 Oral Antiemetic Agents  
 Emend (aprepitant), Varubi (rolapitant)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Oral Antiemetic Agents.

Drug Name (select from list of drugs shown):

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**Please circle the appropriate answer for each question.**

1	Is the requested drug being used as part of a cancer chemotherapy regimen? [If no, then no further questions.]	Yes	No
2	Will the oral antiemetic formulation be used as a full therapeutic replacement for intravenous administration of an antiemetic within 48 hours of chemotherapy? [If no, then no further questions.]	Yes	No
3	Will the requested drug be part of a regimen that includes an oral corticosteroid (e.g., dexamethasone) and an oral 5-HT3-receptor antagonist (e.g., ondansetron, granisetron, Anzemet)? [If no, then no further questions.]	Yes	No
4	Is the patient receiving one or more of the following chemotherapeutic agents: Alemtuzumab, Azacitidine, Bendamustine, Carboplatin, Carmustine, Cisplatin, Clofarabine, Cyclophosphamide, Cytarabine, Dacarbazine, Daunorubicin, Doxorubicin, Epirubicin, Idarubicin, Ifosfamide, Irinotecan, Lomustine, Oxaliplatin, Streptozocin?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_