

# Quick Reference Guide

## Medication (Medical Benefit)

## Prior Approval Requirements

# 2018

MedicationsPA-00-02-031918



## Medication (Medical Benefit) Coverage Guidelines

This guide provides an overview of medical benefit medications that require prior approval through Health Options Medical Management department when outpatient medications are dispensed by a non-pharmacy provider.

Medications that are dispensed by a pharmacy require prior approval through Express Scripts (pharmacy benefit manager) when the medication is listed on our Formulary Guide as requiring Prior Approval (PA).

Community Health Options Formulary Guideline is posted on our website at HealthOptions.org.

### Submit authorization requests via:

Health Options (Medical Management):

Fax: (877) 314-5693

Phone: (855) 542-0880

Express Scripts (Pharmacy Management):

Fax: (877) 329-3760

Phone: (800) 753-2851

## Medications – Recent Approvals

Medical Benefit Medications that are newly approved (within prior 12 months) by FDA and medications designated with a "Q" code require Prior Approval unless explicitly stated otherwise (see page 8 of this document). Medications designated with an "A" code require Prior Approval if there is no corresponding authorization on file for an associated radiology procedure. Medications designated with a "C" code require Prior Approval unless performed as part of an inpatient stay or Emergency Department visit.

## Temporary Codes

Temporary codes (S-codes) are a non-covered benefit once CMS assigns another code to the item/service. The provider is required to use a current year HCPCS reference guide for codes and modifiers for billing purposes.

## Prior Approval Requirements

This guide includes a representative, but not all inclusive, list of outpatient medications that require Prior Approval. If the medication falls within one of the following drug classes and there is any doubt if Prior Approval is required, submit an authorization request. Our Medical Management team will then provide additional guidance as needed.

## Medication Classifications that generally require Prior Approval

- Alpha-1 proteinase inhibitor (human)
- Botulinum toxins
- Blood clotting factors
- Enzyme replacement drugs
- Erythropoiesis-stimulating agents
- Granulocyte-colony stimulating factors
- Growth Hormones
- Hepatitis C drugs
- Hereditary angioedema agents
- HER2 Receptor drugs
- Immunoglobulins
- Immunologic agents
- Lyme Disease (IV/Injectable antibiotics)
- Miscellaneous High Cost Infusions/Injections
  - ▸ Newly approved/Temporary Codes
- Multiple Sclerosis drugs
- Oncology agents (infusion, injection, oral)
- Ophthalmic injections
- Osteoporosis agents
- Pegylated interferons
- Pulmonary arterial hypertension drugs
- Unclassified biologics/drugs
- Viscosupplementation

If medication is dispensed by a pharmacy, please submit applicable authorization request to Express Scripts.

## Prior Approval Needed:

ABATACEPT 10 MG
ABCIXIMAB 10 MG
ABOBOTULINUMTOXINA 5 UNIT
ADALIMUMAB 20 MG
ADO-TRASTUZUMAB EMTANSINE 1 MG
AFLIBERCEPT 1 MG
AGALSIDASE BETA 1 MG
ALDESLEUKIN PER SINGLE USE VIAL
ALEMTUZUMAB 1 MG
ALGLUCERASE PER 10 UNITS
ALGLUCOSIDASE ALFA 10 MG
ALGLUCOSIDASE ALFA 10 MG NOS
ALPHA 1-PROTEASE INHIBITOR 10 MG
ALPHA 1-PROTEASE INHIBITOR NOS 10 MG
ALTEPLASE RECOMBINANT 1 MG
AMIFOSTINE 500 MG
AMINOCAPROIC ACID 5 GRAMS
AMINOLEVULINIC ACID HCL TOP 20% 1 U
AMNIOBAND 1 MG
AMNIOMATRIX OR BIODMATRIX 1 CC
AMNIOPRO FLOW AMNIOGEN-C 0.5 CC
ANIDULAFUNGIN 1 MG
ANTI-INHIBITOR PER IU
ANTIEMETIC DRUG ORAL NOS
ANTIHEMOPHILIC FACTOR VIII/von WILLEBRAND COMPLEX-FACTOR VIII IU
ANTITHROMBIN III PER IU
APOMORPHINE HCL, 1 MG
ARGATROBAN 1 MG NON-ESRD USE
ARGATROBAN 1 MG ESRD ON DIALYSIS
ARIPIRAZOLE LAUROXL 1 MG
ARSENIC TRIOXIDE 1 MG
ASPARAGINASE 10000 UNITS
ASPARAGINASE ERWINAZE 1000 IU
AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT
AZACITIDINE 1 MG
AZTREONAM 500 MG
BACLOFEN 10 MG
BACLOFEN 50 MCG INTRATHEC TRIAL
BASILIXIMAB 20 MG
BCG PER INSTILLATION

BECAPLERMIN GEL 0.01% 0.5 GM
BELATACEPT 1 MG
BELIMUMAB 10 MG
BELINOSTAT 10 MG
BENDAMUSTINE HCL BENDEKA 1 MG
BENDAMUSTINE HCL TREANDA 1 MG
BENZTROPINE MESYLATE PER 1 MG
BEVACIZUMAB 10 MG
BIVALIRUDIN 1 MG
BLEOMYCIN SULFATE 15 UNIT
BLINATUMOMAB 1 MCG
BORTEZOMIB 0.1 MG
BOTULINUM TOXIN TYPE A PER UNIT
BRENTUXIMAB VEDOTIN 1 MG
BUPRENORPHINE IMPLANT 74.2 MG
BUSULFAN 1 MG
BUTORPHANL TARTRAT NASAL SPRAY 25 MG
C1 ESTERASE INHIBITOR 10 U
CABAZITAXEL 1 MG
CAFFEINE CITRATE 5MG
CANAKINUMAB 1 MG
CANGRELOR 1 MG
CAPECITABINE ORAL 150 MG
CAPECITABINE ORAL 500 MG
CARBIDOPA 5MG/LEVODOPA 20MG ENTERAL
CARBOPLATIN 50 MG
CARFILZOMIB 1 MG
CARMUSTINE 100 MG
CASPOFUNGIN ACETATE 5 MG
CEFTAROLINE FOSAMIL 10 MG
CEFTAZIDIME & AVIBACTAM 0.5 G/0.125 G
CEFTOLOZANE 50 MG & TAZOBACTAM 25 MG
CERTOLIZUMAB PEGOL 1 MG
CETUXIMAB 10 MG
CHLORAMBUCIL ORAL 2 MG
CHLORAMPHENICOL SODIUM SUCCINATE TO 1G
CHLOROTHIAZIDE SODIUM 500 MG
CIDOFOVIR 375 MG
CISPLATIN POWDER/SOLUTION 10 MG
CLADRIBINE PER 1 MG
CLEVIDIPINE BUTYRATE 1 MG

## Prior Approval Needed:

CLOFARABINE 1 MG
COLISTIMETHATE SODIUM INHALATION SOLUTION
COLLAGENASE CHC 0.01 MG
COMPOUNDED DRUG NOC
CORTICORELIN OVINE TRIFLUTATE 1 MCG
CORTICOTROPIN UP 40 UNITS
CYCLOPHOSPHAMIDE 100 MG
CYCLOSPORINE ORAL 100 MG
CYCLOSPORINE ORAL 25 MG
CYCLOSPORINE PARENTERAL 250 MG
CYTARABINE 100 MG
CYTARABINE LIPOSOME 10 MG
CYTOMEGLOVRUS IMMUNE GLOBULIN
DACARBAZINE 100 MG
DACLIZUMAB PARENTERAL 25 MG
DACTINOMYCIN 0.5 MG
DALBAVANCIN 5MG
DALTEPARIN SODIUM PER 2500 IU
DAPTOMYCIN 1 MG
DARATUMUMAB 10 MG
DARBEPOETIN ALFA 1 MCG FOR ESRD
DARBEPOETIN ALFA 1 MCG NON-ESRD
DAUNORUBICIN 10 MG
DAUNORUBICIN CITRATE LIP 10 MG
DECITABINE 1 MG
DEFEROXAMINE MESYLATE 500 MG
DEGARELIX 1 MG
DENILEUKIN DIFTITOX 300 MCG
DENOSUMAB 1 MG
DEXAMETHASONE INTRAVITREAL IMPLANT, 0.1 MG
DEXRAZOXANE HCL PER 250 MG
DICLOFENAC SODIUM .5 MG
DIDANOSINE 25 MG
DIETHYLSTILBESTROL 250 MG
DIGOXIN IMMUNE FAB OVINE VIAL
DIHYDROERGOTAMINE MESYLATE 1 MG
DIMERCAPROL PER 100 MG
DOCETAXEL 1 MG
DOLASETRON MESYLATE ORAL 50 MG
DORNASE ALFA INHALATION SOLUTION NONCOMPOUNDED UNIT 300 MG

DOXORUBICIN HCL 10 MG
DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL NOS
DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL
DRUG ADMINISTRATION THRU METERED DOSE INHALER
DRUG/BIOLOGICAL NOC
ECALLANTIDE 1 MG
ECULIZUMAB 10 MG
EDETATE CALCIUM DISODIUM TO 1000MG
EDETATE DISODIUM PER 150 MG
ELLIOTT'S' B SOLUTION 1 ML
ELOSULFASE ALFA 1 MG
ELOTUZUMAB 1 MG
ENFUVIRTIDE 1 MG
ENOXAPARIN SODIUM 10 MG
EPIFIX INJECTABLE 1 MG
EPIRUBICIN HCL 2 MG
EPOETIN ALFA 100 UNITS
EPOETIN ALFA NON-ESRD 1000 UNIT
EPOETIN BETA 1 MCG
EPOPROSTENOL 0.5 MG
EPTIFIBATIDE 5 MG
ERGONOVINE MALEATE UP TO 0.2 MG
ERIBULIN MESYLATE 0.1 MG
ETANERCEPT 25 MG
ETHANOLAMINE OLEATE 100 MG
ETOPOSIDE ORAL 50 MG
EXCELLAGEN 0.1 CC
FACTOR IX AHF PURIFIED NON-RECMB-IU
FACTOR IX ANTIHEMOPHILIC FC 1 I.U.
FACTOR IX COMPLEX PER IU
FACTOR IX FC FUS PROTEIN PER IU
FACTOR IX PER IU NOS
FACTOR IX RIXUBIS PER IU
FACTOR VIIA 1 MCG
FACTOR VIII 1 I.U.
FACTOR VIII ANTIHEMOPHILIC HUMAN PER IU
FACTOR VIII FC FUSION PROTEIN IU
FACTOR VIII PEGYLATED 1 I.U.
FACTOR VIII PER I.U.
FACTOR VIII PER IU NOS
FACTOR X 1 I.U.

## Prior Approval Needed:

FACTOR XIII 1 I.U.
FERRIC CARBOXYMALTOSE 1 MG
FERRIC PYROPHOSPHATE CITRATE SOLUTION 0.1 MG IRON
FERUMOXYTOL IDA 1 MG NON-ESRD
FERUMOXYTOL TX IDA 1 MG ESRD
FILGRASTIM BIOSIMILAR 1 MCG
FILGRASTIM EXCLUDES BIOSIMILARS 1 MCG
FINASTERIDE 5 MG
FLORBETAPIR F18
FLUDARABINE PHOSPHATE 50 MG
FLUDARABINE PHOSPHATE ORAL 10 MG
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.01 MG
FLUORODEOXYGLUCOSE F-18 FDG
FOMIVIRSEN SODIUM IO 1.65 MG
FONDAPARINUX SODIUM 0.5 MG
FOSAPREPITANT 1 MG
FULVESTRANT 25 MG
GALLIUM NITRATE 1 MG
GALSULFASE 1 MG
GAMMA GLOBULIN IM OVER 10 CC
GAMMA GLOBULIN IM 1CC
GANCICLOVIR SODIUM 500 MG
GEFITINIB ORAL 250 MG
GEMCITABINE HCL 200 MG
GEMTUZUMAB OZOGAMICIN 5 MG
GLATIRAMER ACETATE 20 MG
GOLD SODIUM THIOMALATE TO 50 MG
GOLIMUMAB 1 MG FOR IV USE
GOSERELIN ACETATE IMPLANT 3.6 MG
HEMIN 1 MG
HEMOPHILIA CLOTTING FACTOR NOC
HEPATITIS B IMMUNE GLOBULIN, IM, 0.5 ML
HEPATITIS B IMMUNE GLOBULIN, IV, 0.5 ML
HISTRELIN IMPLANT SUPPRELIN LA 50 MG
HISTRELIN IMPLANT VANTAS 50 MG
HUMAN FIBRINOGEN CONC 1 MG
HUMAN PLASMA FIBRIN SEALANT 2ML
HYALURONAN or DERIVATIVE
IBANDRONATE SODIUM 1 MG
IBUTILIDE FUMARATE 1 MG
ICATIBANT 1 MG

IDARUBICIN HCL 5 MG
IDURSULFASE 1 MG
IFOSFAMIDE 1 G
ILOPROST INHALATION UNIT DOSE TO 20 MCG
IMATINIB 100 MG
IMIGLUCERASE 10 UNITS
IMMUNE GLOBULIN 100 MG
IMMUNE GLOBULIN BIVIGAM 500 MG
IMMUNE GLOBULIN GAMMAGARD IV NONLYOPHILIZED 500 MG
IMMUNE GLOBULIN IV LYPHILIZED NOS 500 MG
IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG
IMMUNE GLOBULIN NONLYOPHILIZED 500 MG
IMMUNE GLOBULIN OCTOGAM IV NONLYOPHILIZED 500MG
IMMUNE GLOBULIN VIVAGLOBIN 100 MG
IMMUNE GLOBULIN, IV, NONLYOPHILIZED, 500 MG
IMMUNE GLOBULIN, IV, NONLYOPHILIZED, NOS, 500 MG
IMMUNE GLOBULIN/HYALURONIDASE 100 MG IG
IMMUNOSUPPRESSIVE DRUG NOC
INCOBOTULINUMTOXIN 1 UNIT
INDIUM IN-111
INFLIXIMAB BIOSIMILAR 10 MG
INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG
INTERFERON ALFA-2A RECOM 3 M U
INTERFERON ALFA-2B RECOMB 1 M U
INTERFERON ALFA-N3 250,000 IU
INTERFERON ALFACON-1 RECOMB 1 MCG
INTERFERON BETA-1A 1 MCG IM USE
INTERFERON BETA-1A 1 MCG SUBQ
INTERFERON BETA-1A 30 MCG
INTERFERON BETA-1B 0.25 MG
INTERFERON GAMMA-1B 3 MILLION U
INTERFYL 1 MG
IODINE I-123
IODINE I-125 SODIUM IOTHALAMATE
IPILIMUMAB 1 MG
IRINOTECAN 20 MG
IRINOTECAN LIPOSOME 1 MG
ISAVUCONAZONIUM 1 MG
IXABEPILONE 1 MG
KANAMYCIN SULFATE TO 75 MG

## Prior Approval Needed:

KYLEENA IUD (pharmacy benefit only; non-covered under medical benefit)
LANREOTIDE 1 MG
LARONIDASE 0.1 MG
LEPIRUDIN 50 MG
LEUCOVORIN CALCIUM PER 50 MG
LEUPROLIDE ACETATE 7.5 MG
LEUPROLIDE ACETATE IMPLANT 65 MG
LEUPROLIDE ACETATE PER 1 MG
LEUPROLIDE ACETATE PER 3.75 MG
LEVAMISOLE HYDROCHLORIDE ORAL 50 MG
LEVOCARNITINE PER 1 G
LOMUSTINE ORAL 10 MG
LOXAPINE INHALATION POWDER 10 MG
LYMPHOCYTE GLOBULIN RABBIT PARENTERAL
LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE
MAGNESIUM SULFATE PER 500 MG
MECASERMIN 1 MG
MECHLORETHAMINE HCL 10 MG
MEDICALLY INDUCED ABORTION BY ORAL INGESTED MEDICATION
MELPHALAN HCL 50 MG
MEPOLIZUMAB 1 MG
MERCAPTOPYRINE ORAL 50 MG
MEROPENEM 100 MG
MESNA 200 MG
METHYL AMINOLEVULINATE TOP 16.8% 1G
MIFEPRISTONE ORAL 200 MG
MINOCYCLINE HCL 1 MG
MITOMYCIN 5 MG
MITOXANTRONE HCL PER 5 MG
MUROMONAB-CD3 PARENTERAL 5 MG
MYCOPHENOLATE MOFETIL ORAL 250 MG
MYCOPHENOLIC ACID ORAL 180 MG
NALTREXONE DEPOT FORM 1 MG
NANDROLONE DECANOATE TO 50 MG
NASAL VACCINE INHALATION
NATALIZUMAB 1 MG
NECITUMUMAB 1 MG
NELARABINE 50 MG
NEOX FLO or CLARIX FLO 1 MG

NETUPITANT 300 MG & PALONOSETRON 0.5 MG
NEW TECHNOLOGY, INTRAOCULAR LENS
NITROGEN N-13 AMMONIA
NIVOLUMAB 1 MG
NON-RADIOACTIVE CONTRAST
NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG
OBINUTUZUMAB 10 MG
OCRIPLASMIN 0.125 MG
OCTREOTIDE NONDEPOT FORM FOR SUBQ OR IV, 25 MCG
OCTREOTIDE DEPOT FORM IM 1MG
OFATUMUMAB 10 MG
OLANZAPINE LONG-ACTING 1 MG
OMACETAXINE MEPESUCCINAT .01 MG
OMALIZUMAB 5 MG
OPRELVEKIN 5 MG
ORITAVANCIN 10 MG
OXALIPLATIN 0.5 MG
PACLITAXEL 1 MG
PACLITAXEL PROTEIN BOUND PARTICLES 1 MG
PALIFERMIN 50 MICROGRAMS
PALINGEN/PROMATRX 0.36 MG P 0.25 CC
PALIPERIDONE PALMITATE EXTENDED RELEASE 1 MG
PAMIDRONATE DISODIUM PER 30 MG
PANITUMUMAB 10 MG
PARICALCITOL 1 MCG
PASIREOTIDE LONG ACTING 1 MG
PEGADEMASE BOVINE 25 IU
PEGAPTANIB SODIUM 0.3 MG
PEGASPARGASE SINGLE DOSE VIAL
PEGFILGRASTIM 6 MG
PEGINESATIDE 0.1 MG
PEGLOTICASE 1 MG
PEGYLATED INTERFERON ALFA-2B 10 MCG
PEMBROLIZUMAB 1 MG
PEMETREXED 10 MG
PENTOSTATIN 10 MG
PERAMIVIR 1 MG
PERTUZUMAB 1 MG
PET RADIOPHARMACEUTICAL DIAGNOSTIC
PHENTOLAMINE MESYLATE TO 5 MG
PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL

## Prior Approval Needed:

PLERIXAFOR 1 MG
PLICAMYCIN 2.5 MG
PORFIMER SODIUM 75 MG
PRALATREXATE 1 MG
PREDNISONE IMMEDIATE RELEASE OR DELAYED RESPONSE
PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS
PRESCRIPTION DRUG ORAL NON-CHEMOTHERAPEUTIC NOS
PROCARBAZINE HYDROCHLORD ORAL 50 MG
QUINUPRISTIN/DALFOPRISTN 500 MG
RADIUM RA-223
RAMUCIRUMAB 5 MG
RANIBIZUMAB 0.1 MG
RASBURICASE 0.5 MG
RESLIZUMAB 1 MG
RIMABOTULINUMTOXINB 100 UNITS
RISPERIDONE LONG ACTING 0.5 MG
RITUXIMAB 100 MG
ROMIDEPSIN 1 MG
ROMIPLOSTIM 10 MCG
RUBIDIUM RB-82
SULFUR HEXAFLUORIDE LIPID MICROSPHERES PER ML
SAQUINAVIR 200 MG
SARGRAMOSTIM 50 MCG
SCULPTRA 0.5 MG
SEBELIPASE ALFA 1 MG
SECRETIN SYNTHETIC HUMAN 1 MCG
SERMORELIN ACETATE 1 MCG
SILTUXIMAB 10 MG
SIPULEUCEL-T
SIROLIMUS ORAL 1 MG
SODIUM FLOURIDE F-18 DIAGNOSTIC
SOMATREM 1 MG
SOMATROPIN 1 MG
STREPTOZOCIN 1 G
TACROLIMUS EXTENDED RELEASE ORAL 0.25 MG
TACROLIMUS IMMED RELEASE ORAL 1 MG
TACROLIMUS PARENTERAL 5 MG
TALIGLUCERACE ALFA 10 UNITS
TALIMOGENE LAHERPAREPVEC PER 1 MILLION FORM UNITS
TBO-FILGRASTIM 1 MICROG
TECHNETIUM TC-99M

TEDIZOLID PHOSPHATE 1 MG
TELAVANCIN 10 MG
TEMOZOLOMIDE 1 MG
TEMOZOLOMIDE ORAL 5 MG
TEMSIROLIMUS 1 MG
TENIPOSIDE 50 MG
TERIPARATIDE 10 MCG
TESTOSTERONE UNDECANOATE 1 MG
TETANUS IMMUNE GLOBULIN HUMAN TO 250 U
THIOTEPA 15 MG
THYTROPIN .9 MG PROV 1.1 VIAL
TINZAPARIN SODIUM 1000 IU
TIROFIBAN HCl 0.25 MG
TOBRAMYCIN INHALATION NON-COMPOUNDED UNIT 300 MG
TOCILIZUMAB 1 MG
TOPOTECAN 0.1 MG
TOPOTECAN ORAL 0.25 MG
TRABECTEDIN 0.1 MG
TRASTUZUMAB 10 MG
TREPROSTINIL 1 MG
TRIMETREXATE GLUCORONATE 25 MG
TRIPTORELIN PAMOATE 3.75 MG
UNCLASSIFIED BIOLOGICS
UNCLASSIFIED DRUGS
UROKINASE 250000 IU VIAL
USTEKINUMAB FOR SUBQ 1 MG
VALRUBICIN INTRAVESICAL 200 MG
VEDOLIZUMAB 1 MG
VELAGLUCERASE ALFA 100 UNITS
VERTEPORFIN 0.1 MG
VINCISTINE SULF LIPOSOME 1 MG
VINORELBINE TARTRATE 10 MG
von WILLEBRAND COMPLEX WILATE 1 I.U.
von WILLEBRAND FACTOR 1 I.U.
von WILLEBRAND FACTOR COMPLEX HUMAN IU
ZICONOTIDE 1 MCG
ZIDOVUDINE ORAL 100 MG
ZIV-AFLIBERCEPT 1 MG
ZOLEDRONIC ACID 1 MG

## Q-code Medications No Prior Approval needed for the following (Q-code) medications:

AZITHROMYCIN ORAL CAP/POWDER 1 GM
CHLORPROMAZINE HCL 5 MG ORAL
DIPHENHYDRAMINE HCL 50 MG ORAL
DOLASETRON MESYLATE 100 MG ORAL
DRONABINOL 2.5 MG ORAL
FLORBETABEN F18 DIAGNOSTIC P DO TO 8.1 MCL
FLUTEMETAML F18 DIAGNOSTIC STDY DO TO 5 MCL
GRANISETRON HCL 1 MG ORAL
HIGH OSMOLAR CONTRAST MATERIAL, IODINE CONCENTRATION
HYDROXYZINE PAMOATE 25 MG ORAL
IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT
LOW OSMOLAR CONTRAST MATERIAL, IODINE CONCENTRATION
NON-RADIOACTIVE, ,NONCONTRAST, VISUALIZATION ADJUNCT

OCTAFLUOROPROPANE MICROSPHRS ML
ONDAN 1 MG ORL NOT EXCEED 48 HR DOS
ORAL MAGNETIC RESONANCE CONTRAST AGENT
PERFLEXANE LIPID MICROSPHERS ML
PERFLUTREN LIPID MICROSPHERS ML
PERPHENZAININE 4 MG ORAL
PROCHLORPERAZINE MALEATE 5 MG ORAL
PROMETHAZINE HCL 12.5 MG ORAL
TC-99M FROM NONHIGHLY ENRICHED URANIUM SOURCE
THIETHYLPERAZINE MALEATE 10 MG ORAL
TRIMETHOBENZAMIDE HCL 250 MG ORAL
UNSPECIFIED ORAL DOSAGE FDA APPROVED ANTI-EMETIC; SUBSTITUTE FOR IV ANTIEMETIC AT TIME OF CHEMOTHERAPY INFUSION; NOT TO EXCEED 48 HOURS DOSAGE REGIME