

delayed-release (Diclegis), E) promethazine (Phenergan),
F) trimethobenzamide (Tigan), G) metoclopramide
(Reglan), H) diphenhydramine (Benadryl), I)
dimenhydrinate (Dramamine)?

[No further questions.]

4. Is the patient receiving radiation therapy or moderate to
highly emetogenic chemotherapy?

Y N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date