



Avgemsi (gemcitabine)

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:**

- Avgemsi 1 G/26.3 ML vial
 Avgemsi 2 G/52.6 ML vial

Dose:

Frequency of therapy:

ICD10:

Where will this medication be obtained?

- Accredo Specialty Pharmacy**
 Hospital Outpatient
 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):

Where will this drug be administered?

- Patient's Home
 Hospital Outpatient

- Physician's Office
 Other (please specify):

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

Diagnosis related to use:

- AIDS-related Kaposi sarcoma (KS)
 AIDS-related B cell lymphoma
 Bladder cancer
 Bone cancer including Ewing sarcoma and osteosarcoma
 Breast cancer
 Burkitt lymphoma
 Diffuse large B cell lymphoma (DLBCL)
 Head and neck cancer, including cancer of nasopharynx
 High-grade B-cell lymphomas
 Histologic transformation of marginal zone lymphoma (MZL) to diffuse large B-cell lymphoma (DLBCL)
 Hodgkin's lymphoma
 Kidney cancer

- Malignant pleural mesothelioma
- Mantle cell lymphoma
- Non-small cell lung cancer (NSCLC)
- Occult primary cancer
- Ovarian, fallopian tube, or primary peritoneal cancer
- Pancreatic adenocarcinoma
- Primary cutaneous CD30+ T-cell lymphoproliferative disorder
- Post-transplant lymphoproliferative disorder
- Small cell lung cancer (SCLC)
- Soft tissue sarcoma
- Small Bowel Adenocarcinoma
- T-cell lymphoma (including adult T-cell leukemia/lymphoma, peripheral T-cell lymphoma, heptosplenic gamma-delta T-cell lymphoma, extranodal NK/T-cell lymphoma [nasal type])
- Testicular cancer
- Thymoma or thymic carcinoma
- other (please specify):

Clinical Information:

(if Diffuse large B cell lymphoma [DLBCL]) Is the requested drug being used in combination with vinorelbine and rituximab?

Yes No

Has the patient tried one generic gemcitabine for injection product?

Yes No

Is the patient unable to obtain gemcitabine for injection?

Yes No

Additional Pertinent Information:

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:** _____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

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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