Eylea, Eylea HD, Pavblu

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:

☐ Eylea 2 mg/0.05 ml syringe ☐ Eylea 2 mg/0.05 ml vial ☐ Eylea HD 8 mg/0.07 ml
☐ Pavblu 2 mg/0.05 ml syringe ☐ Pavblu 2 mg/0.05 ml vial
☐ Other:

Dose: Frequency of therapy: Duration of therapy:

ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ 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):

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

What is the patient's diagnosis or reason for treatment?
☐ Diabetic Macular Edema (DME)
☐ Diabetic Retinopathy (DR)
☐ Neovascular (wet) Age-Related Macular Degeneration
☐ Other

Clinical Information:

Is this medication being administered by, or under the supervision of, an ophthalmologist? ☐ Yes ☐ No

Before starting any therapy for this disease, was your patient's baseline Early Treatment Diabetic Retinopathy Study (ETDRS) best-corrected visual acuity (BCVA) 20/50 or worse (less than 69 ETDRS letters)? ☐ Yes ☐ No

According to the prescriber, does the patient have diabetic macular edema with significant retinal thickening? ☐ Yes ☐ No

(if DR) Does your patient have diabetic retinopathy without diabetic macular edema? ☐ Yes ☐ No

Is the patient currently receiving the requested medication? ☐ Yes ☐ No

In the professional opinion of the prescriber, is the safety of using the repackaged bevacizumab a significant concern? ☐ Yes ☐ No

In the professional opinion of the prescriber, is the supplier of the repackaged bevacizumab a significant concern? ☐ Yes ☐ No

Which of the following is true for your patient in regard to the covered alternative, repackaged bevacizumab?
☐ The patient previously tried the alternative, but it didn't work well enough
☐ The patient previously tried the alternative, but they did not tolerate it
☐ Other

Is this a new start or continuation of therapy with the requested medication?
☐ New start
☐ Continuation of therapy

Is there documentation of a beneficial response to this medication? ☐ Yes ☐ No

Additional Information: *(including disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently):*

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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