Cigna®

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462 (800.88.CIGNA)

PAH Therapy

(Adcirca, Adempas, bosentan, epoprostenol, Flolan, Letairis, Opsumit, Orenitram, Remodulin, Revatio, Tracleer, Tyvaso, Uptravi, Veletri, Ventavis)

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)

Oral Medication Requested:
☐ Adcirca ☐ Adempas ☐ Alyq ☐ ambrisentan ☐ bosentan
☐ Letairis ☐ Opsumit ☐ Orenitram ☐ Revatio tablets ☐ Revatio suspension
☐ sildenafil 20mg tablet ☐ sildenafil oral suspension ☐ tadalafil ☐ Tracleer
☐ Uptravi

Inhalation Medication Requested:
☐ Tyvaso ☐ Ventavis

Injectable Medication Requested:
☐ epoprostenol ☐ Flolan ☐ Remodulin ☐ Revatio ☐ sildenafil
☐ treprostinil ☐ Veletri ☐ Uptravi

Other (please specify): ICD10:

Dose and Quantity: Frequency of administration: Duration of therapy: J-Code (if injectable):

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 (if injectable):
Facility Name: State: Tax ID#:

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 (please specify):
☐ Chronic thromboembolic pulmonary hypertension (CTEPH)
☐ Pulmonary arterial hypertension (PAH) (World Health Organization [WHO] Group 1)
☐ Other (please specify):

Clinical Information:
Is this for new therapy or continued therapy? ☐ New therapy ☐ Continued therapy
(if continued therapy) What was the previous dosage?

Was the diagnosis of PH documented by right heart catheterization or echocardiogram? ☐ Yes ☐ No

Is the requested medication being prescribed by (or in consultation with) a cardiologist, pulmonologist, or rheumatologist? ☐ Yes ☐ No

If requesting Revatio/sildenafil:

(if requesting vials) Is the patient established on treatment with oral sildenafil/Revatio? ☐ Yes ☐ No
(if requesting vials) Is your patient temporarily unable to take oral medications? ☐ Yes ☐ No
Will this medication be used used in combination with a guanylate cyclase stimulator (for example, riociguat)? ☐ Yes ☐ No
(if brand Revatio) Does your patient have an intolerance to sildenafil injection? ☐ Yes ☐ No

If requesting epoprostenol, Flolan or Veletri:

Does your patient have congestive heart failure caused by reduced left ventricular ejection fraction? ☐ Yes ☐ No

If requesting Tracleer:

Does your patient have congestive heart failure with left ventricular dysfunction? ☐ Yes ☐ No

If requesting brand Remodulin:

Is the patient currently receiving this medication? ☐ Yes ☐ No
Is the patient going to be using this medication by subcutaneous infusion? ☐ Yes ☐ No
Does the patient have a compatible pump (CADD-MS-3) that allows generic treprostinil to be administered? ☐ Yes ☐ No
Is the patient able to obtain a compatible pump (CADD-MS-3) that allows generic treprostinil to be administered? ☐ Yes ☐ No

For the bioequivalent generic drug, treprostinil, which of the following applies to your patient?

☐ Patient has not tried the generic drug.
☐ Patient tried the generic drug, but it didn't work or didn't work well enough.
☐ Patient tried the generic drug, but had an allergic or adverse reaction.
☐ other

(if had an allergic or adverse reaction) Is there documentation that this reaction was due to a formulation difference in the inactive ingredients between the brand and generic products (for example, difference in dyes, fillers, preservatives)? ☐ Yes ☐ No

(if yes) Please explain. _____

If requesting Uptravi vial for infusion:

Is this new start or continuation of therapy?
☐ new start
☐ continuation of therapy

(if continuation of therapy) What dosage form is the patient currently receiving?
☐ Uptravi tablets
☐ Uptravi vial for intravenous infusion

- (if tablets) Is the patient able to continue taking Uptravi tablets? ☐ Yes ☐ No

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforhcp.com] to determine benefit availability and the terms and conditions of coverage)

Additional pertinent information: *(Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug [with dates of use] and how they have been receiving it (samples, out of pocket, etc.).*

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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