Cigna®

Aphexda
(motixafortide)

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: ICD10:
☐ Aphexda 62 mg powder for injection
☐ Other (please specify):

Directions for Use: Quantity: Duration of therapy:

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

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):

Clinical Information

Will this agent be utilized for mobilization of hematopoietic stem cells for autologous transplantation? Yes ☐ No ☐

Does the patient have Multiple Myeloma or Leukemia?
☐ Yes the patient has Multiple Myeloma
☐ Yes the patient has Leukemia
☐ Other

(if other) Please provide the patient's diagnosis or reason for treatment.

(if MM) Will this medication be used in combination with filgrastim? Yes ☐ No ☐

(if MM) Is this medication prescribed by a hematologist and/or a stem cell transplant specialist physician? Yes ☐ No ☐

(if MM) Has the patient already started therapy with this medication? Yes ☐ No ☐

(if no) The covered alternative is plerixafor injection. If your patient has tried this drug, please provide drug strength, date(s) taken and for how long, and what the documented results were of taking this drug, including any intolerances or adverse reactions your patient experienced. If your patient has NOT tried this drug, please provide details why your patient can't try this alternative.

(if no) Per the information provided above, which of the following is true for your patient in regard to the covered alternative?

☐ The patient tried the alternative, but it didn't work.
☐ The patient tried the alternative, but they did not tolerate it.
☐ The patient cannot try the alternative because of a contraindication to this drug.
☐ Other

(if already started therapy) Has the patient already received 1 full course of therapy (2 doses)?
Yes ☐ No ☐

Additional pertinent information (*including labs and alternatives tried. Please include drug name, date(s) taken and for how long, and what the documented results were of taking each drug, including any intolerances your patient experienced.)*

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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