



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

Aralast, Glassia, Prolastin, Zemaira

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:** Aralast 500mg vial Aralast 1000mg vial Glassia 1000mg vial Prolastin 1000mg vial Zemaira 1000mg vial ICD10:

Dose: _____ Frequency of therapy: _____ Duration of therapy: _____
 What is your patient's current weight? _____ lb/kg (circle one)
 Is this a new start or continuation of therapy?*** new start of therapy continued therapy, start date: _____
 ***If your patient has already begun treatment with drug samples, please choose "new start of therapy".

Where will this medication be obtained?

- Accredo Specialty Pharmacy** Retail pharmacy
 Prescriber's office stock (billing on a medical claim form) Home Health / Home Infusion vendor
 Other (please specify): _____ **Cigna's nationally preferred specialty pharmacy

**Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 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 this infusion occurring in a facility affiliated with hospital outpatient setting? Yes No
 If yes- Is this patient a candidate for re-direction to an alternate setting after 1-2 infusions (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? Yes No
 NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting.

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

Clinical Information

This drug requires supportive documentation (genetic testing, chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request.

- Does your patient have congenital alpha-1-proteinase inhibitor (A1-PI) deficiency-associated lung disease? Yes No
 What is the route of administration? intravenous inhalation
 Is your patient currently a smoker? Yes No
 Does your patient have an AAT (alpha1-antitrypsin) concentration less than 80 milligrams per deciliter (mg/dl) or less than 11 micromolar (µM)? Yes No
 (if yes) Does your patient have documented homozygous Pi*ZZ, Pi*(null)(null), or compound heterozygous Pi*Z(null) protein phenotypes or other rare AAT disease-causing alleles? Yes No
 Does your patient have an FEV1 that is 30-65% of the predicted value? Yes No
 (if no) Has your patient's FEV1 decreased more than 120ml in a year? Yes No

Additional pertinent information (including prior therapy, disease stage, 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.covermy meds.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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