



Bleomycin

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:					
<input type="checkbox"/> Standard <input type="checkbox"/> 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:					
<input type="checkbox"/> Bleomycin 15 unit vial		<input type="checkbox"/> Bleomycin 30 unit vial		ICD10:	
Dose:		Frequency of therapy:		Duration of therapy:	
What is your patient's current height?			What is your patient's current weight?		
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy**			<input type="checkbox"/> Retail pharmacy		
<input type="checkbox"/> Prescriber's office stock (billing on a medical claim form)			<input type="checkbox"/> Home Health / Home Infusion vendor		
<input type="checkbox"/> Other (please specify):			**Cigna's nationally preferred specialty pharmacy		
<i>**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</i>					
Facility and/or doctor dispensing and administering medication:					
Facility Name:		State:		Tax ID#:	
Address (City, State, Zip Code):					
Is the patient a candidate for home infusion? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does the physician have an in-office infusion site? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Diagnosis related to use?					
<input type="checkbox"/> Gestational trophoblastic neoplasia (GTD)					
<input type="checkbox"/> Hodgkin's lymphoma (HL)					
<input type="checkbox"/> Non-Hodgkin's lymphoma (NHL)					
<input type="checkbox"/> ovarian cancer					
<input type="checkbox"/> squamous cell carcinoma of the head and neck (SCCHN), penis, cervix, or vulva					
<input type="checkbox"/> testicular carcinoma					
<input type="checkbox"/> verruca vulgaris (common warts)					
<input type="checkbox"/> other (please specify):					
Clinical Information					
(if ovarian) Is the requested drug being used as adjuvant treatment?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(if ovarian) Is the drug requested being used as part of the BEP (bleomycin, etoposide, and cisplatin) regimen?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(if verruca vulgaris) Does your patient have recalcitrant disease (meaning it is unresponsive to all other treatments)?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional pertinent information (please include 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.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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