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

Bynfezia, Sandostatin, Sandostatin LAR
(octreotide)

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: (*please specify name, strength, and dosing schedule)* ICD10:

☐ Bynfezia 2500mcg/ml pen injector
☐ Octreotide 1000mcg/5mL vial
☐ Octreotide 5000mcg/5mL vial
☐ Octreotide 0.05mg/mL vial
☐ Octreotide 100mcg/mL syringe
☐ Octreotide 100mcg/mL vial
☐ Octreotide 200mcg/mL vial
☐ Octreotide 50mcg/mL syringe
☐ Octreotide 50mcg/mL vial
☐ Octreotide 500mcg/mL syringe
☐ Octreotide 500mcg/mL vial
☐ Sandostatin 0.05mg/mL ampule
☐ Sandostatin 0.1mg/mL ampule
☐ Sandostatin 0.5mg/mL ampule
☐ Sandostatin LAR 10mg
☐ Sandostatin LAR 20mg
☐ Sandostatin LAR 30mg

Strength and Dosing:

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**
☐ Physician's office stock
☐ Home Health / Home Infusion vendor (name):
CPT Code(s):_____
☐ Ambulatory Infusion Center
☐ Hospital - In patient
☐ Hospital - Out patient
☐ Other *(please specify)*:
***Cigna's nationally preferred specialty pharmacy*

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

Please indicate the condition Bynfezia, Sandostatin (octreotide) or Sandostatin LAR is being used to treat and answer additional questions as necessary.

☐	Acromegaly		
	Additional Questions:	Did the patient have an inadequate response to surgery and/or radiotherapy? (if no) Are surgery and/or radiotherapy NOT an option for this patient?	☐ Yes ☐ No ☐ Yes ☐ No

		(if Sandostatin LAR Depot) Has the patient already been started on Sandostatin LAR?	☐ Yes ☐ No
		(if no) Has the patient tried and had inadequate efficacy to Somatuline Depot?	☐ Yes ☐ No
		(if no) Does your patient have a contraindication according to FDA label, significant intolerance, or is not a candidate for Somatuline Depot?	☐ Yes ☐ No
☐	adrenal gland tumor		
	Additional Questions:	Did your patient undergo SRS (somatostatin receptor scintigraphy)?	☐ Yes ☐ No (if yes) Were the results positive or negative? ☐ positive ☐ negative ☐ unknown What is the size of the tumor? ☐ smaller than 4 centimeters (cm) ☐ 4 centimeters (cm) or larger ☐ unknown
		Does your patient have non-adrenocorticotropic hormone (ACTH)-dependent Cushing's syndrome?	☐ Yes ☐ No
		(if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot?	☐ New start ☐ Continued therapy
		(if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐No
☐	acute bleeding from gastroesophageal varices associated with cirrhosis		
☐	carcinoid tumor		
	Additional Questions:	(if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot?	☐ New start ☐ Continued therapy
		(if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐ No
☐	Chemotherapy/radiation-induced diarrhea		
	Additional Questions:	Has your patient failed a trial of conservative medical management such as anti-motility agents?	☐ Yes ☐ No
		(if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot?	☐ New start ☐ Continued therapy
		(if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐ No
☐	secretory diarrhea in AIDS		
	Additional Questions:	Has your patient failed antimicrobial or antimotility agents?	☐ Yes ☐ No

☐	diarrhea/flushing episodes associated with metastatic carcinoid tumors		
	Additional Questions:	Does the patient have severe diarrhea/flushing episodes?	☐ Yes ☐ No
☐	entercutaneous fistulae		
☐	gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut, and hindgut neuroendocrine tumors		
	Additional Questions:	Are your patient's tumors somatostatin receptor-positive? Will the drug be used in combination with Lutathera?	☐ Yes ☐ No ☐ Yes ☐ No
☐	Life-threatening hypotension due to carcinoid crisis during induction of anesthesia		
	Additional Questions:	(if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot? (if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ New start ☐ Continued therapy ☐ Yes ☐ No
☐	meningioma		
	Additional Questions:	Is meningioma surgically unresectable? Does your patient have recurrent or progressive disease? Is further radiation possible?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐N o
☐	Neuroendocrine tumor of the GI tract, lung, or thymus		
	Additional Questions:	Does your patient have unresectable or metastatic disease? (if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot? (if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐ No ☐ New start ☐ Continued therapy ☐ Yes ☐ No
☐	Neuroendocrine tumor of the pancreas [pancreatic NET or PNET] (includes insulinoma, glucaconoma, vasoactive intestinal polypeptidoma, or VIPoma)		
	Additional Questions:	Does your patient have unresectable, locally advanced or metastatic disease? (if no) Is the drug being used for symptom control of a functioning PNET, such as insulinoma, glucagonoma, vasoactive intestinal polypeptidoma or VIPoma? (if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot? (if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐ No ☐ Yes ☐ No ☐ New start ☐ Continued therapy ☐ Yes ☐ No
☐	pheochromocytoma/paraganglioma		
	Additional Questions:	Does your patient have locally unresectable disease? (if Sandostatin LAR Depot for oncology except meningioma or thymoma/thymic carcinoma) Is this a new start or has the patient previously been started on, or is currently receiving, Sandostatin LAR Depot? (if new start) Has the patient had a documented trial of Somatuline Depot (lanreotide) injection?	☐ Yes ☐ No ☐ New start ☐ Continued therapy ☐ Yes ☐ No

☐	pituitary adenoma		
	Additional Questions:	Is adenoma producing thyroid stimulating hormone (TSH)? Has your patient had an incomplete surgical resection?	☐ Yes ☐ No ☐ Yes ☐ No
☐	pancreatic resection/fistulae		
	Additional Questions:	Is this being used for preoperative management?	☐ Yes ☐ No
☐	thymoma or thymic carcinoma		
	Additional Questions:	Is this being used as second-line therapy?	☐ Yes ☐ No
☐	watery diarrhea associated with vasoactive intestinal peptide tumors (VIPomas)		
	Additional Questions:	Does the patient have profuse watery diarrhea?	☐ Yes ☐ No
☐	Other		

Duration of therapy:

Alternatives tried: (*please include length of trial and/or if samples were given)*

Additional pertinent information: (*please include clinical reasons for drug, relevant lab values, 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:**_____

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