



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

# Cosela (trilaciclib)

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:		
<b>Urgency:</b> <input type="checkbox"/> Standard <span style="margin-left: 150px;"><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)</span>					
<b>Medication Requested:</b> <input type="checkbox"/> Cosela 300 mg powder for injection					
ICD10:		Dose and Quantity:		Duration of therapy:	
Frequency of therapy:		Is this a new start or continued therapy?		Duration of therapy:	
		<input type="checkbox"/> New Start		<input type="checkbox"/> Continued therapy	
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <span style="margin-left: 100px;"><input type="checkbox"/> Home Health / Home Infusion vendor</span> <input type="checkbox"/> Other (please specify):					
<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>					
<b>Facility and/or doctor dispensing and administering medication:</b> Facility Name: _____ State: _____ Tax ID#: _____ Address (City, State, Zip Code): _____					
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>What is your patient's diagnosis?</b> <input type="checkbox"/> small cell lung cancer (SCLC) <input type="checkbox"/> other (please specify):					
<b>Clinical Information</b> (if SCLC) Does your patient have extensive-stage disease (ES-SCLC)? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (if SCLC) Is this medication being used to decrease the incidence of chemotherapy-induced myelosuppression? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (if SCLC) Will your patient be receiving a platinum (carboplatin or cisplatin) and etoposide-containing regimen? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (if no) Will your patient be receiving a topotecan-containing regimen? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (if SCLC) Is this medication being prescribed by or in consultation with an oncologist? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>Additional pertinent information</b> (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: _____		
<b>Save Time! Submit Online at: <a href="http://www.covermymeds.com/main/prior-authorization-forms/cigna/">www.covermymeds.com/main/prior-authorization-forms/cigna/</a> or via SureScripts in your EHR.</b>					

*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](http://cigna.com).*

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