



Fax completed form to: (855) 840-1678

If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Datroway

(datopotamab deruxtecan-dlnk)

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"/> Datroway Other (please specify):					
Directions for use:		Dose:	Quantity:		
Frequency of therapy:					
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy**			<input type="checkbox"/> Retail pharmacy		
<input type="checkbox"/> Hospital Outpatient			<input type="checkbox"/> Home Health / Home Infusion vendor		
<input type="checkbox"/> Prescriber's office stock (billing on a medical claim form)			**Cigna's nationally preferred specialty pharmacy		
<input type="checkbox"/> Other (please specify):					
**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):					
Where will this drug be administered?					
<input type="checkbox"/> Patient's Home			<input type="checkbox"/> Physician's Office		
<input type="checkbox"/> Hospital Outpatient			<input type="checkbox"/> Other (please specify):		
NOTE: Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.					
Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide medical necessity rationale):					
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					
What is your patient's diagnosis?					
<input type="checkbox"/> breast cancer					
<input type="checkbox"/> other					
If other what is the diagnosis related to use?					

Clinical Information:

Does your patient have unresectable or metastatic disease?

☐ Yes ☐ No

Does the patient have hormone receptor (HR) positive disease?

☐ Yes ☐ No

Does your patient have human epidermal growth factor receptor 2 (HER2)-negative disease?

☐ Yes ☐ No

Has your patient received prior endocrine-based therapy and chemotherapy?

☐ Yes ☐ No**Additional Pertinent Information:** *Please provide clinical support for the use of this drug in your patient (including 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.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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