



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

Empliciti (elotuzumab) Ninlaro (ixazomib)

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"/> Empliciti vials <input type="checkbox"/> Ninlaro capsules ICD10: Directions for use: Strength & Dose: Duration: For Empliciti only: What is your patient's weight? _____ lbs or kg (circle one) Is this a new start? Yes <input type="checkbox"/> No <input type="checkbox"/> (if continued therapy) What week of therapy is your patient currently at?					
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>					
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"/> multiple myeloma (MM) <input type="checkbox"/> systemic light chain amyloidosis <input type="checkbox"/> Waldenström Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma <input type="checkbox"/> Other (please specify):					
Clinical Information (if requesting Empliciti) Has your patient received at least TWO prior therapies for this diagnosis including lenalidomide (Revlimid) and a proteasome inhibitor (PI)? Yes <input type="checkbox"/> No <input type="checkbox"/> (if Empliciti and two+ prior therapies) Will Empliciti be given with pomalidomide (Pomalyst) AND dexamethasone? Yes <input type="checkbox"/> No <input type="checkbox"/> (if requesting Empliciti and no to one of the above 2 questions) Has your patient received at least ONE prior therapy for this diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> (if Empliciti and one+ prior therapy) Will Empliciti be given with dexamethasone AND either lenalidomide (Revlimid) or bortezomib (Velcade)? Yes <input type="checkbox"/> No <input type="checkbox"/> (if requesting Ninlaro and MM) Does/Will your patient also take dexamethasone while on Ninlaro? Yes <input type="checkbox"/> No <input type="checkbox"/> (if requesting Ninlaro and systemic light chain amyloidosis) Does your patient have relapsed or refractory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Additional Pertinent Information: (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:** _____

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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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