



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

Etopophos, Toposar (etoposide)

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:		
Medication Requested:					
<input type="checkbox"/> etoposide 20mg/mL (5mL) vial		<input type="checkbox"/> etoposide 20mg/mL (50mL) vial		<input type="checkbox"/> etoposide 20mg/mL (25mL) vial	
<input type="checkbox"/> Toposar 20mg/mL (5mL) vial		<input type="checkbox"/> Toposar 20mg/mL (50mL) vial		<input type="checkbox"/> Etopophos 100mg vial	
<input type="checkbox"/> Toposar 20mg/mL (25mL) 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		
**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					
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"/>	
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)			
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 <input type="checkbox"/> No <input type="checkbox"/>					
Diagnosis related to use?					
<input type="checkbox"/> Acute myeloid leukemia			<input type="checkbox"/> Hodgkin's lymphoma (HL)		
<input type="checkbox"/> Acute Lymphoblastic Leukemia			<input type="checkbox"/> management of chimeric antigen receptor (CAR) T-cell-related toxicities <input type="checkbox"/> Leptomeningeal Metastases		
<input type="checkbox"/> adult T-cell leukemia/lymphoma (ATLL)			<input type="checkbox"/> mantle cell lymphoma (MCL)		
<input type="checkbox"/> AIDS-related B-cell lymphoma			<input type="checkbox"/> Merkel cell carcinoma (MCC) <input type="checkbox"/> multiple myeloma (MM)		
<input type="checkbox"/> bladder cancer			<input type="checkbox"/> mycosis fungoides/Sezary syndrome (MF/SS)		
<input type="checkbox"/> breast cancer			<input type="checkbox"/> neuroendocrine tumor (NET) including gastrointestinal tract, lung and thymus (carcinoid tumors), adrenal gland		
<input type="checkbox"/> breast implant-associated anaplastic large-cell lymphoma (ALCL)			<input type="checkbox"/> non-small cell lung cancer (NSCLC)		
<input type="checkbox"/> Castleman's Disease (CD)			<input type="checkbox"/> occult primary cancer		
<input type="checkbox"/> central nervous system cancers (including anaplastic glioma, medullablastoma, primary CNS lymphoma, and spinal ependymoma)			<input type="checkbox"/> osteosarcoma		
<input type="checkbox"/> chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)			<input type="checkbox"/> ovarian, fallopian tube, or peritoneal cancer		
<input type="checkbox"/> diffuse large B-cell lymphoma			<input type="checkbox"/> peripheral T-cell lymphomas		
<input type="checkbox"/> Ewing sarcoma			<input type="checkbox"/> post-transplant lymphoproliferative disorder (PTLD)		
			<input type="checkbox"/> primary cutaneous CD30+ T-cell lymphoproliferative disorders (for example, lymphomatoid papulosis [LyP] and primary cutaneous anaplastic large-cell lymphoma [ALCL])		

- extranodal NK/T-cell lymphoma, nasal type
- follicular lymphoma (FL)
- gestational trophoblastic neoplasia (GTN)
- head and neck carcinoma including maxillary sinus and ethmoid sinus
- hepatosplenic gamma-delta T-cell lymphoma (HGDTCL)
- high-grade B-cell lymphomas
- histologic transformation of marginal zone lymphoma (MZL) to diffuse large B-cell lymphoma (DLBCL)

- prostate cancer
- rhabdomyosarcoma (RMS)
- small cell lung cancer (SCLC)
- subependymoma
- testicular cancer
- thymoma or thymic carcinoma
- other (please specify):

Clinical Information

(if DLBCL) Is the drug requested being given every 14 days with Rituxan, cyclophosphamide, doxorubicin (Hydroxydaunomycin), vincristine (Oncovin), and prednisone (also known as R-CHOP-14 treatment or dose dense R-CHOP)? Yes No

(if breast cancer) Is this drug being used to treat brain metastases? Yes No

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:** _____

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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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