



# Fertility Medications

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

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(s) requested** (please list all that apply):

	Medication 1	Medication 2	Medication 3	Medication 4	Medication 5
<b>Name:</b>					
<b>Strength:</b>					
<b>Dosage:</b>					
<b>Quantity:</b>					
<b>Duration:</b>					

**Where will this medication be obtained?**

- Accredo/Freedom Fertility Pharmacy\*\*  Physician's office stock (billing on a medical claim form)  
 Retail pharmacy  Home Health / Home Infusion vendor  
 \*\* Cigna's nationally preferred specialty pharmacy  Other (please specify):

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

What is your patient's diagnosis?  Infertility  Other (please specify): ICD10:

What type of treatment is your patient undergoing?  IUI  IVF  AI  GIFT  ZIFT  Other

What is the estimated start date that your patient will need these medications?

[For Follistim AQ requests] For the current cycle, has your patient already begun treatment with Follistim AQ? Yes  No or Unknown

(if yes) Did your patient receive an injection of Follistim AQ today, yesterday, or the day before yesterday? Yes  No or Unknown

(if no) What is the month and date of your last injection of Follistim AQ?

Does your patient have a documented cycle failure with Gonal-F? Yes  No or Unknown

Please provide details about your patient's previous use of Gonal-F (including dates and results) and clinical rationale for Follistim AQ over Cigna's preferred brand, Gonal-F?

**For male patients only:**

- What diagnosis is this drug being used to treat?  
 cryptorchidism- (patient is prepubertal)  
 cryptorchidism- (patient is post-pubertal)  
 hypogonadotropic hypogonadism (hypogonadism or testicular hypofunction)  
 other

(if cryptorchidism) Is your patient's cryptorchidism due to an anatomical obstruction?

Yes  No

(if cryptorchidism) Is this new start of therapy with HCG or continuation of therapy? new start  continued therapy   
(if continued therapy) How many injections/weeks of therapy has your patient already received? Please include the dose and dates.

(if hypogonadism) Has your patient's diagnosis of HH been confirmed by laboratory testing?

Yes  No

(if hypogonadism) Is HCG being used for the induction of spermatogenesis (fertility)?

Yes  No

Is HCG being given in combination with testosterone therapy?

Yes  No

### Additional Information

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

*NDC number is required on the medical claims to confirm claim is payable for the drug Pregnyl. The NDC number can be found on the drug packaging. In addition you may refer to the Crosswalk of HCPCS Codes Requiring NDC on Claims at the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Resources > Clinical Reimbursement Policies and Payment Policies >.”*

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