



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

Givlaari (givorsiran)

PHYSICIAN INFORMATION	PATIENT INFORMATION		
<p>* Physician Name:</p>		<p>*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.*</p>	
<p>Specialty:</p>	<p>* DEA, NPI or TIN:</p>	<p>* Patient Name:</p>	
<p>Office Contact Person:</p>		<p>* Cigna ID:</p>	
<p>Office Phone:</p>		<p>* Date of Birth:</p>	
<p>Office Fax:</p>		<p>* Patient Street Address:</p>	
<p>Office Street Address:</p>		<p>City:</p>	<p>State:</p>
<p>City:</p>	<p>State:</p>	<p>Zip:</p>	<p>Patient Phone:</p>

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 Requested: Givlaari 189mg/ml vial ICD10:

Directions for use: Dose: Quantity: Duration of therapy:

What is your patient's current weight? _____ lb/kg

Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples of Givlaari, please choose new start of therapy. new start of therapy continued therapy

(if continued therapy) Has your patient had a beneficial response (for example, reduction in porphyria attacks, improvement of signs and symptoms, decrease in hemin administration) to treatment with this drug? Yes No

Where will this medication be obtained?
 Accredo Specialty Pharmacy**
 PANTHERx Specialty Pharmacy
 Other (please specify): _____

**Cigna's nationally preferred specialty pharmacy

**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): _____

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

Clinical Information:
****This drug requires supportive documentation (chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request****

What is your patient's diagnosis?
 Acute Hepatic Porphyria (AHP)
 other (please specify): _____

Has your patient demonstrated clinical features associated with Acute Hepatic Porphyria (AHP) (for example, neurovisceral symptoms, blistering lesions, hepatic involvement, peripheral neuropathy, abdominal pain, constipation, muscle weakness, pain in the arms and legs)? Yes No

Does the patient have an elevated urinary aminolevulinic acid (ALA) greater than the upper limit of normal? Yes No

Does the patient have an elevated urinary or plasma porphobilinogen (PBG) greater than the upper limit of normal? Yes No

Does the patient have a history of one porphyria attack in the 6 months prior to starting this medication that required a hospitalization, urgent healthcare visit, or intravenous hemin administration? Yes No

Is this medication being prescribed by, or in consultation with, a gastroenterologist, hepatologist, medical geneticist, or a physician who specializes in Acute Hepatic Porphyria? Yes No

Additional pertinent information (including prior therapy, disease stage, 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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