



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

Herceptin Hylecta (trastuzumab; hyaluronidase)

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"/> Herceptin Hylecta 600 mg-10,000 unit/5 mL vial <input type="checkbox"/> Other (please specify): Directions for use: ICD10: Dose: Quantity: Duration of therapy: Is this a new start or continuation of therapy? <input type="checkbox"/> new start <input type="checkbox"/> continuation of therapy Start Date: (if new start) Does your patient have documentation of trials with Kanjinti (trastuzumab-anns) AND Trazimera (trastuzumab-qyyp)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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>					
Facility and/or doctor dispensing and administering medication: Facility Name: State: Tax ID#: Address (City, State, Zip Code): <p style="text-align: center;">NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting</p> Is this infusion occurring in a facility affiliated with hospital outpatient setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- Is this patient a candidate for re-direction to an alternate setting (such as AIS, MDO, home) with assistance of a Specialty Care Option 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 (please specify):					
Clinical Information (if breast cancer) Does the patient have HER2-overexpressing disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (if breast cancer) Does your patient have metastatic disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (if breast cancer, metastatic) Will your patient use Herceptin Hylecta in combination with paclitaxel (Abraxane) for first-line treatment? Yes <input type="checkbox"/> No <input type="checkbox"/> (if breast cancer, metastatic) Is/Will Herceptin Hylecta be the only agent used to treat the disease at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>					

(if breast cancer, metastatic) Has your patient received one or more chemotherapy regimens in the past for this metastatic disease?

Yes No

(if breast cancer) Will Herceptin Hylecta be used as adjuvant therapy?

Yes No

(if breast cancer, adjuvant) Does your patient have node positive or node negative disease?

- node positive
 node negative
 unknown

(if node negative) Which best describes your patient's tumor?

- estrogen receptor/progesterone receptor (ER/PR)-negative
 estrogen receptor/progesterone receptor (ER/PR)-positive
 other or unknown

(if ER/PR positive, less than 35 years old) Is your patient's tumor size greater than 2 cm?

Yes No

(if tumor is not greater than 2 cm) Is the patient's tumor grade 2 or 3?

Yes No

(if breast cancer, adjuvant) Will Herceptin Hylecta be used in one of the following situations?

- as part of a treatment regimen consisting of doxorubicin (Adriamycin), cyclophosphamide (Cytoxan), and either paclitaxel (Onxol, Taxol) or docetaxel (Taxotere)
 as part of a treatment regimen with docetaxel (Taxotere) and carboplatin (Paraplatin)
 as a single agent following multi-modality anthracycline (like doxorubicin [Adriamycin], epirubicin [Ellence] or idarubicin [Idamycin PFS]) based therapy
 no/other

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:** _____

Save Time! Submit online at: <https://cigna.promptpa.com>

Please fax completed form to (855) 840-1678. Urgent requests may be submitted by calling (800) 244-6224.

Our standard response time for prescription drug coverage requests is 2-4 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.

v070121

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance Company and Cigna Health Management, Inc. Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005