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

Imfinzi
(durvalumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician's 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 requested:
☐ Imfinzi 120mg/2.4ml vial ☐ Imfinzi 500mg/10ml vial

Dose and Quantity: Duration of therapy: ICD10:

Frequency of therapy: What is your patient's current weight?

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***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):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting*

Is this infusion occurring in a facility affiliated with hospital outpatient setting? ☐ Yes ☐ 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? ☐ Yes ☐ No (provide medical necessity rationale):

Is your patient a candidate for home infusion? Yes ☐ No ☐
Does the physician have an in-office infusion site? Yes ☐ No ☐

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

Diagnosis related to use:
☐ extensive stage small cell lung cancer (ES-SCLC)
☐ non-small cell lung cancer (NSCLC)
☐ urothelial carcinoma (UCC, transitional cell carcinoma [TCC])
☐ other (please specify):

Clinical Information:

(if NSCLC) Does your patient have locally-advanced, unresectable disease? ☐ Yes ☐ No
(if NSCLC) Has your patient's disease progressed following chemoradiotherapy?

☐ Yes ☐ No

(if UCC) Does your patient have locally advanced or metastatic disease? ☐ Yes ☐ No

(if UCC) Will the requested drug be used as single agent therapy? ☐ Yes ☐ No

(if UCC) Did your patient have disease progression during or after treatment with platinum-based chemotherapy (carboplatin, cisplatin)? ☐ Yes ☐ No

(if ES-SCLC) Is the drug requested being used as part of first line therapy for this diagnosis? ☐ Yes ☐ No

(if ES-SCLC) Will/Was the drug requested (be) used in combination with etoposide (Etopophos, Toposar) and either carboplatin or cisplatin for the first 4 cycles of therapy? ☐ Yes ☐ No

Additional 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: 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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