



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

Margenza (margetuximab-cmkb)

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"/> Margenza 250mg/10mL solution ICD10: Directions for use: Dose: Quantity: Duration of therapy:					
Where will this medication be obtained? <input type="checkbox"/> Accredro 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					
<small>**Medication orders can be placed with Accredro via E-prescribe - Accredro (1640 Century Center Pkwy, Memphis, TN 38134-8822 NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557</small>					
Facility and/or doctor dispensing and administering medication: Facility Name: State: Tax ID#: Address (City, State and 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? <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) Is your patient's disease considered human epidermal growth factor 2 (HER2) positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (if breast cancer) Does your patient have metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (if breast cancer) Has your patient received any prior anti-HER2 therapy (Enhertu, Herceptin/Hylecta, Herzuma, Kanjinti, Ogivri, Ontruzant, Kadcylya [ado-trastuzumab emtansine], Nerlynx [neratinib], Perjeta [pertuzumab], Phesgo, Trazimera, Tykerb [lapatinib])? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes) How many anti-HER2 regimens have been tried? <input type="checkbox"/> only 1 <input type="checkbox"/> 2 or more (if prior anti-HER2 therapy) Was at least one prior anti-HER2 regimen given for metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> 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.covermy meds.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.

v031621

"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