



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

Rylaze

(asparaginase erwinia rwyn)

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"/> Rylaze 10mg/0.5mL solution for injection: Dose: Duration of therapy: Frequency of therapy: ICD10:					
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):					
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 <input type="checkbox"/> No <input type="checkbox"/> 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): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is this requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Diagnosis related to use: <input type="checkbox"/> acute lymphoblastic leukemia (ALL) <input type="checkbox"/> lymphoblastic lymphoma (LBL) <input type="checkbox"/> Other (please specify):					
Clinical Information: **This drug requires supportive documentation (i.e. genetic testing, chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request. Is/Will this medication be used as part of multi-agent (more than one agent) chemotherapy regimen? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your patient developed a hypersensitivity to E. coli-derived asparaginase? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Pertinent Information: <i>please include disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently):</i>					

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.covermyeds.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.

V081721

"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