



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

Scenesse (afamelanotide)

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"/> Scenesse 16mg Implant Directions for use: Dose: Quantity: Duration of therapy: ICD10:					
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					
Where will this medication be obtained? <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Other (please specify): Scenesse treatment is a direct distribution to trained and accredited EPP Centers					
Facility and/or doctor dispensing and administering medication: Facility Name: State: Tax ID#: Address (City, State, Zip Code):					
Diagnosis related to use: <input type="checkbox"/> Erythropoietic Protoporphyrin (including X-Linked Protoporphyrin) <input type="checkbox"/> Other (please specify):					
Clinical Information: Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples of Scenesse OR if your patient is restarting therapy with Scenesse, please choose "new start of therapy". <input type="checkbox"/> new start <input type="checkbox"/> continued therapy (if continued therapy) Is there documentation that your patient has had a beneficial clinical response (for example, improvement in acute nonblistering cutaneous reactions following sun exposure, improvement on a pain-intensity Likert Scale or Quality of Life questionnaire, reduction in number of phototoxic reactions, increase duration of pain-free sun exposure)? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your patient had a lab test showing a free erythrocyte protoporphyrin level above the normal reference range for the reporting laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no or unknown) Has your patient had a molecular genetic test showing results that are consistent with the diagnosis (for example, FECH, CLPX or ALAS2 variant or pathogenic variant)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your patient have a documented history of at least one porphyric phototoxic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Scenesse being prescribed by, or in consultation with, a Dermatologist, Gastroenterologist, Hepatologist, Medical Geneticist, or physician specializing in the treatment of cutaneous porphyrias? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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:** _____

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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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