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

Tepezza
(teprotumumab)

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:
☐ 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:
☐ Tepezza 500mg powder for injection

Directions for use and Quantity: ICD10:

Is this for new start or continued therapy? ☐ new start ☐ continuation of therapy

How many lifetime infusions of Tepezza has your patient already received? _____
Please provide the dates of any infusions already received: _____
(if has already received 8 or more infusions) Please provide clinical support as to why the patient needs additional doses.
_____

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

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Other (please specify):

***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):

Clinical Information:
****This drug requires supportive documentation (chart notes, lab/test results, etc) be attached with the request****

Is the drug requested being used for the treatment of thyroid eye disease (that is Graves' ophthalmopathy or thyroid-associated ophthalmopathy)? ☐ Yes ☐ No

(if no) What is the diagnosis related to use? _____

Does your patient have documented active thyroid eye disease confirmed by a clinical active score (CAS) of 3 or greater? ☐ Yes ☐ No

Which of the following does your patient have to confirm moderate to severe thyroid eye disease?
☐ Lid retraction of 2 or more millimeters
☐ Significant soft tissue involvement
☐ Proptosis of 3 millimeters or more
☐ Presentation of diplopia
☐ Corneal exposure
☐ 2 or more of the above
☐ none of the above

(If 2 or more) Indicate which of the following symptoms your patient has (check all that apply):
☐ Lid retraction of 2 or more millimeters
☐ Significant soft tissue involvement
☐ Proptosis of 3 millimeters or more
☐ Presentation of diplopia
☐ Corneal exposure

Is the drug being prescribed by, or in consultation with an ophthalmologist, endocrinologist, or a physician who specializes in thyroid eye disease? ☐ Yes ☐ No
Is the patient a current smoker? ☐ Yes ☐ No
(If yes) Has smoking cessation been discussed with the patient? ☐ Yes ☐ 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:**_____

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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