



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

# Zavesca (miglustat)

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:		
<b>Urgency:</b> <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)					
<b>Medication requested:</b> <input type="checkbox"/> Zavesca 100mg capsule <input type="checkbox"/> miglustat 100mg capsule ICD10: _____ Dose: _____ Frequency of therapy: _____ Duration of therapy: _____ What is your patient's current weight? _____ lb/kg Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples, please choose "new start of therapy". <input type="checkbox"/> new start of therapy <input type="checkbox"/> continued established therapy Start date: _____ (if continued therapy) Is your patient having a beneficial clinical response to therapy with this drug? Supportive documentation is required. Yes <input type="checkbox"/> No <input type="checkbox"/>					
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					
<b>Diagnosis related to use:</b> Does your patient have a diagnosis of Gaucher disease type 1 (GD1)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your patient have mild to moderate disease? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Clinical Information:</b> <b>**This drug requires supportive documentation (genetic test results, chart notes, lab/test results, etc) be attached with this request**</b> Is your patient's diagnosis documented by either of the following? <input type="checkbox"/> deficiency of glucosylceramidase (also known as acid $\beta$ -glucosidase or glucocerebrosidase) in peripheral blood leukocytes or other nucleated cells <input type="checkbox"/> genetic testing <input type="checkbox"/> neither of the above (if genetic testing) Is there documentation that your patient has alterations of BOTH copies (biallelic) of the GBA gene? Please provide genetic testing results. <input type="checkbox"/> Yes <input type="checkbox"/> No Is Zavesca being used in combination with any of the following: Cerdelga, Cerezyme, Eleyso, or VPRIV? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no or unknown) Is your patient able to take enzyme replacement therapy (ERT): Cerdelga, Cerezyme, Eleyso, or VPRIV? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation that your patient has had failure, inadequate response or intolerance to Cerdelga? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no) Does your patient have a contraindication per FDA label or reason they're not a candidate for Cerdelga? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Additional pertinent information:** *(please include clinical reasons for drug, relevant lab values, etc.)*

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](http://cigna.com).*

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