



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

Egriftra (tesamorelin acetate)

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:					
Office Phone:					
Office Fax:					
Office Street Address:					
City:	State:	Zip:	* Patient Name:		
			* Cigna ID:		* Date of Birth:
			* Patient Street Address:		
			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"/> Egriftra 1mg vial <input type="checkbox"/> Egriftra 2mg vial ICD10:					
Directions for use: Quantity: Duration of therapy:					
Is this for a new start or continued therapy? <input type="checkbox"/> new start <input type="checkbox"/> continued therapy (date started): _____					
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					
**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):					
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					
Clinical Information					
Is Egriftra being prescribed to reduce excess abdominal fat in a patient with lipodystrophy? Yes <input type="checkbox"/> No <input type="checkbox"/> (please specify diagnosis):					
Does your patient have symptomatic lipodystrophy (for example, abdominal pain, shortness of breath)? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your patient have a diagnosis of HIV disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes) Has your patient been stable on antiretroviral regimen for at least 8 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Prior to using Egriftra, what is/was your patient's waist circumference? _____ Prior to using Egriftra, what is/was your patient's waist-to-hip ratio? _____					
<u>If Continued Therapy</u>					
Has a CT scan shown a reduction in visceral adipose tissue (VAT) thickness compared to baseline? Yes <input type="checkbox"/> No <input type="checkbox"/> Has your patient had a reduction in waist-to-hip ratio compared to baseline measurement? Yes <input type="checkbox"/> No <input type="checkbox"/> Has your patient had a reduction in waist circumference compared to baseline measurement? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Additional Pertinent Information:					

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.

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