



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

Nexviazyme (avalglucosidase alfa-ngptx)

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: Nexviazyme 100 mg vial Other (please specify):

Directions for use: _____ Dose: _____ Quantity: _____ Duration of therapy: _____
 Frequency of therapy: _____

ICD10: _____

Is this a new start or continuation of therapy with the requested medication? If patient has been taking samples, please pick "new start."
 new start
 Continuation of therapy

Where will this medication be obtained?

Accredo Specialty Pharmacy** Home Health / Home Infusion vendor
 Hospital Outpatient Physician's office stock (billing on a medical claim form)
 Retail pharmacy ****Cigna's nationally preferred specialty pharmacy**
 Other (please specify): _____

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 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): _____

Where will this drug be administered?

Patient's Home Physician's Office
 Hospital Outpatient Other (please specify): _____

NOTE: Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.

Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? Yes No (provide medical necessity rationale): _____

Diagnosis related to use:

late-onset acid alpha-glucosidase deficiency (late-onset Pompe disease)
 other (please specify): _____

Clinical Information:

****This drug requires supportive documentation (genetic testing, chart notes, lab and test results, etc). Supportive documentation for all answers must be attached with this request****

Does the patient have a laboratory test demonstrating deficient acid alpha-glucosidase activity in blood, fibroblasts, or muscle tissue? Yes No

(if no) Does the patient have a molecular genetic test demonstrating biallelic pathogenic or likely pathogenic acid alpha-glucosidase (GAA) variants? Yes No

Is the requested medication prescribed by, or in consultation with, a geneticist, neurologist, a metabolic disorder sub-specialist, or a physician who specializes in the treatment of lysosomal storage disorders? Yes No

Additional pertinent information: *Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug (with dates of use) and how they have been receiving it (for example: samples, out of pocket).*

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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