Cigna®

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

Onivyde
(irinotecan liposome)

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:
☐ Onivyde 43mg/10ml ICD10:

Dose: Frequency of therapy: Duration of therapy:

Where will this medication be obtained?

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

***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):

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

Diagnosis related to use:

☐ Adenocarcinoma of the pancreas
☐ Ampullary adenocarcinoma
☐ Biliary tract cancer
☐ Other *(please specify)*:

Clinical Information:

(if adenocarcinoma of the pancreas) Does your patient have metastatic disease? ☐ Yes ☐ No

(if adenocarcinoma of the pancreas) Will the requested medication be given as first line therapy? ☐ Yes ☐ No

(if yes) Will the requested medication be given in combination with oxaliplatin, fluorouracil (5-FU), and leucovorin? ☐ Yes ☐ No

(if adenocarcinoma of the pancreas, and not given as first line therapy) Was your patient previously treated with either a gemcitabine-based therapy, or a fluoropyrimidine-based therapy and no prior irinotecan? ☐ Yes ☐ No

(if yes) Did your patient have disease progression after therapy? ☐ Yes ☐ No

(if ampullary adenocarcinoma) Was your patient previously treated with a gemcitabine-based therapy, fluoropyrimidine-based therapy if no prior irinotecan, or oxaliplatin-based therapy if no prior irinotecan? ☐ Yes ☐ No

(if yes) Did your patient have disease progression after therapy? ☐ Yes ☐ No

(if biliary tract cancer) Does your patient have unresectable or resected gross residual (R2) disease, or metastatic disease? ☐ Yes ☐ No

(if biliary tract cancer) Was your patient previously treated with systemic therapy? ☐ Yes ☐ No

(if yes) Did your patient have disease progression on, or after, therapy? ☐ Yes ☐ No

(if adenocarcinoma of the pancreas and not given as first line therapy, if ampullary adenocarcinoma, if biliary tract cancer) Will the requested medication be given in combination with both fluorouracil (5-FU) and leucovorin? ☐ Yes ☐ No

Additional Pertinent Information: *Please provide clinical support for the use of this drug in your patient (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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