



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

Ryplazim (plasminogen)

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: <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"/> Ryplazim 68.8 mg vial <input type="checkbox"/> other (please specify): ICD10: Directions for use: Dose Quantity: Duration of therapy: What is the patient's weight? Is this a new start or continuation of therapy with the requested medication? If patient has been taking samples, please pick "new start". <input type="checkbox"/> new start of therapy <input type="checkbox"/> continuation of therapy <div style="text-align: right;"> (if continuation) Is there documentation of a beneficial response to this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="text-align: center; margin-top: 10px;"> (if no) Please provide clinical support for continued use. </div>					
Where will this medication be obtained? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Other (please specify): </div> <div style="width: 45%;"> <input type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Physician's office stock (billing on a medical claim form) <i>**Cigna's nationally preferred specialty pharmacy</i> </div> </div> <p style="font-size: small; margin-top: 10px;">**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</p>					
Facility and/or doctor dispensing and administering medication: Facility Name: State: Tax ID#: Address (City, State, Zip Code):					

What is your patient's diagnosis?

- Plasminogen Deficiency Type 1 (hypoplasminogenemia)
- other (please specify):

Clinical Information:

****This drug requires supportive documentation (chart notes, genetic test results, lab test results, etc) be attached with this request****

Did your patient undergo genetic testing that confirmed biallelic pathogenic variants in the PLG gene (changes to both copies of the PLG gene)?

- Yes (please include a copy of these results)
- No

Did your patient undergo a lab test confirming that the baseline plasminogen activity level is/was 45% or less compared to normal based on the reference range for the reporting laboratory? Yes No

Does your patient have a history of lesions and symptoms consistent with a diagnosis of congenital plasminogen deficiency? Yes No

Is this drug being prescribed by, or in consultation with, a hematologist? Yes No

Additional Pertinent Information: (please include labs, pertinent patient history, 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.

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