



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

# Scenesse (afamelanotide)

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 <span style="margin-left: 200px;"><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)</span>					
<b>Medication requested:</b> <input type="checkbox"/> Scenesse 16mg Implant <span style="margin-left: 50px;">Directions for use:</span> <span style="margin-left: 150px;">Dose:</span> Quantity: <span style="margin-left: 100px;">Duration of therapy:</span> <span style="margin-left: 100px;">ICD10:</span>					
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <span style="margin-left: 200px;"><input type="checkbox"/> Other (please specify):</span> Scenesse treatment is a direct distribution to trained and accredited EPP Centers					
<b>Facility and/or doctor dispensing and administering medication:</b> Facility Name: <span style="margin-left: 150px;">State:</span> <span style="margin-left: 100px;">Tax ID#:</span> Address (City, State, Zip Code):					
<b>Diagnosis related to use:</b> <input type="checkbox"/> Erythropoietic Protoporphyrin (including X-Linked Protoporphyrin) <input type="checkbox"/> Other (please specify):					
<b>Clinical Information:</b> Has your patient had a lab test showing a free erythrocyte protoporphyrin level above the normal reference range for the reporting laboratory? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (if no or unknown) Has your patient had a molecular genetic test showing results that are consistent with the diagnosis? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Does your patient have a documented history of at least one porphyric phototoxic reaction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Is Scenesse being prescribed by, or in consultation with, a Dermatologist, Gastroenterologist, Hepatologist, Medical Geneticist, or physician specializing in the treatment of cutaneous porphyrias? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 (samples, out of pocket, etc):   					

**Additional Pertinent Information:** (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](http://cigna.com).*

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