



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

Tzield (teplizumab-mzwv)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician's 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"/> Tzield 2 mg/2 mL (1 mg/mL) ICD10: Directions for use: Dose: Quantity: Duration of therapy: Is this a new start or continuation of therapy? <input type="checkbox"/> new start of therapy <input type="checkbox"/> continued therapy					
This drug REQUIRES supportive documentation for ALL answers, including chart notes, lab/test results, etc.					
Where will this medication be obtained? <input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Physician's office stock (billing on a medical claim form) <input type="checkbox"/> Retail pharmacy **Cigna's nationally preferred specialty pharmacy <input type="checkbox"/> 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? <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide medical necessity rationale):					
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					
What is the patient's diagnosis or reason for treatment? <input type="checkbox"/> to delay the onset of Stage 3 type 1 diabetes <input type="checkbox"/> other (please specify):					

Clinical Information:

Does the patient have documentation of ANY of the following type 1 diabetes-related autoantibodies on at least two separate occasions: (a) anti-glutamic acid decarboxylase 65; (b) anti-islet antigen-2; (c) islet-cell autoantibody; (d) micro insulin; (e) anti-zinc transporter 8?

- Yes, to anti-glutamic acid decarboxylase 65 only
 Yes, to anti-islet antigen-2 only
 Yes, to islet-cell autoantibody only
 Yes, to micro insulin only
 Yes, to anti-zinc transporter 8 only
 Yes, to 2 (or more) of the autoantibodies
 No

(if 2 or more) Please specify which autoantibodies were present on at least two separate occasions.

Has the patient had an A1C 5.7-6 to less than 6.5% in the preceding 2 months? Yes No

(if no) Does the patient have an oral glucose tolerance test (OGTT) that shows fasting plasma glucose level greater than or equal to 100 and less than 126 mg/dL? Yes No

(if no) Does the patient have an oral glucose tolerance test (OGTT) that shows a two-hour postprandial plasma glucose level greater than or equal to 140 and less than 200 mg/dL? Yes No

(if no) Did the patient have an oral glucose tolerance test (OGTT) that shows an intervening postprandial glucose level at 30, 60 or 90 minutes greater than 200 mg/dL? Yes No

(if no) Has the patient had an intravenous glucose tolerance test (IVGTT)? Yes No

(if yes) During the IVGTT, did the results of acute first phase insulin response (FPIR) demonstrate a rise in serum insulin below the first percentile of normal during the first 10 minutes after the IV glucose challenge? Yes No

Does the patient already have stage 3 type 1 diabetes mellitus (clinical symptoms, receiving treatment, failed OGTT)? Yes No

Does the patient have adequate hematologic function? Yes No

(if yes) Does the patient have adequate hepatic function? Yes No

(if yes) Does the patient have evidence of acute infection with Epstein-Barr Virus or cytomegalovirus? Yes No

(if no) Does the patient have evidence of an active serious infection? Yes No

Has the patient ever been treated with Tzield before this request? Yes No

Is the requested medication being prescribed by an endocrinologist? Yes No

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 Information (including prior therapy, disease stage, 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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