



# Byooviz, Cimerli, Lucentis

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

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"/> Byooviz <span style="margin-left: 100px;"><input type="checkbox"/> Cimerli</span> <input type="checkbox"/> Lucentis 0.3mg/0.05ml syringe <span style="margin-left: 50px;"><input type="checkbox"/> Lucentis 0.3mg/0.05ml vial</span> <span style="margin-left: 50px;"><input type="checkbox"/> Lucentis 0.5mg/0.05ml syringe</span> <input type="checkbox"/> Lucentis 0.5mg/0.05ml vial <input type="checkbox"/> Other:					
Dose:		Frequency of therapy:		Duration of therapy:	
ICD10:					
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Accredo Specialty Pharmacy** <span style="margin-left: 300px;"><input type="checkbox"/> Retail pharmacy</span> <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <span style="margin-left: 200px;"><input type="checkbox"/> Home Health / Home Infusion vendor</span> <input type="checkbox"/> Other (please specify): <span style="margin-left: 100px;">**Cigna's nationally preferred specialty pharmacy</span>					
<i>**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</i>					
<b>Facility and/or doctor dispensing and administering medication:</b> Facility Name: <span style="margin-left: 150px;">State:</span> <span style="margin-left: 150px;">Tax ID#:</span> 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
<b>Diagnosis related to use:</b> <input type="checkbox"/> Diabetic Macular Edema (DME) <input type="checkbox"/> Diabetic Retinopathy (DR) <input type="checkbox"/> Macular Edema following retinal vein occlusion (RVO) <input type="checkbox"/> Myopic Choroidal Neovascularization (mCNV) <input type="checkbox"/> Neovascular (wet) Age-Related Macular Degeneration (AMD) <input type="checkbox"/> Other Neovascular Diseases of the Eye (for example, angioid streaks, iris neovascularization, neovascular glaucoma, pachychoroid neovascularopathy, polypoidal choroidal vasculopathy, and presumed ocular histoplasmosis syndrome) <input type="checkbox"/> None of the above					

**Clinical Information:**

Will the requested medication be used in combination with another intravitreal vascular endothelial growth factor inhibitor (except Susvimo [ranibizumab intravitreal injection via ocular implant])? Intravitreal vascular endothelial growth factor inhibitors are: bevacizumab intravitreal injection (compounded from brand Avastin [bevacizumab, injection, for intravenous use] or its biosimilars; off-label use), aflibercept intravitreal injection (Eylea/biosimilars, Eylea HD), Beovu (brolucizumab-dbil intravitreal injection), and Vabysmo (faricimab-svoa intravitreal injection).  Yes  No

Is the requested medication administered by or under the supervision of an ophthalmologist?  Yes  No

Has the patient previously tried repackaged bevacizumab and either inadequate efficacy or intolerability was demonstrated?  Yes  No

(if no) Does the patient have diabetic retinopathy (without diabetic macular edema)?  Yes  No

(if no) Is the safety of using repackaged bevacizumab of significant concern in the professional opinion of the prescriber?  Yes  No

(if no) Is the supplier of repackaged bevacizumab of significant concern in the professional opinion of the prescriber?  Yes  No

Is the patient currently receiving therapy with the requested medication?  Yes  No

**Additional Information:**

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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