



Fax completed form to: (855) 840-1678

If this is an URGENT request, please call (800) 882-4462 (800.88.CIGNA)

Datroway

(datopotamab deruxtecan-dlnk)

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"/> Datroway Other (please specify):					
Directions for use:		Dose:		Quantity:	
Frequency of therapy:					
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Other (please specify):			<input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Home Health / Home Infusion vendor **Cigna's nationally preferred specialty pharmacy		
<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>					
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"/> Hospital Outpatient			<input type="checkbox"/> Physician's Office <input type="checkbox"/> Other (please specify):		
<p>NOTE: Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.</p> 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"/> breast cancer <input type="checkbox"/> Non-small cell lung cancer (NSCLC) <input type="checkbox"/> other					

Clinical Information:

For Breast Cancer:

- Does the patient have unresectable or metastatic disease? Yes No
- Does the patient have hormone receptor (HR) positive disease? Yes No
- Does the patient have human epidermal growth factor receptor 2 (HER2)-negative disease? Yes No
- Has the patient received prior endocrine-based therapy and chemotherapy? Yes No

For Non-small cell lung cancer (NSCLC):

- Does the patient have locally advanced or metastatic disease? Yes No
- Does the patient have epidermal growth factor receptor (EGFR)-mutated disease? Yes No
- Has the patient previously received an EGFR-directed therapy? Yes No
- Has the patient received platinum-based chemotherapy? Yes No

Additional Pertinent 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.

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