Beizray, Beizray-Albumin, Docivyx
(docetaxel)

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'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:
☐ Standard ☐ 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:
☐ Beizray 20 mg/ml vial
☐ Beizray-Albumin 80 mg kit
☐ Beizray-Albumin 160 mg kit
☐ Docivyx 20 mg/2 ml vial
☐ Docivyx 80 mg/8 ml vial
☐ Docivyx 160 mg/16 ml vial

Dose: Frequency of therapy: Duration of therapy:

What is your patient's current height? What is your patient's current weight?

ICD10: J-Code:

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforhcp.com] to determine benefit availability and the terms and conditions of coverage)

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

***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?
☐ Patient's Home
☐ Hospital Outpatient
☐ Physician's Office
☐ Other (please specify):

Is the patient a candidate for home infusion? ☐ Yes ☐ No

Does the physician have an in-office infusion site? ☐ Yes ☐ No

***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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Diagnosis related to use:

☐ Anal carcinoma
☐ Anaplastic thyroid carcinoma
☐ Bladder cancer
☐ Bone cancer (including Ewing, Osteosarcoma)
☐ Breast cancer
☐ Castration-resistant prostate cancer
☐ Cervical cancer
☐ Endometrial carcinoma
☐ Esophageal or esophagogastric junction cancer
☐ Fallopian tube cancer
☐ Gastric adenocarcinoma (gastric cancer - GC)
☐ Non-small cell lung cancer (NSCLC)
☐ Occult primary cancer
☐ Ovarian cancer
☐ Peritoneal cancer
☐ Small bowel adenocarcinoma
☐ Small cell lung cancer (SCLC)
☐ Soft tissue sarcoma (STS)
☐ Squamous cell carcinoma of the head and neck (SCCHN)
☐ Uterine sarcoma
☐ Vaginal cancer
☐ Other

Clinical Information:

Has the patient tried generic docetaxel? ☐ Yes ☐ No

Does the patient have hypersensitivity to polysorbate 80? ☐ Yes ☐ No

(if SCCHN) Will the requested medication be used in combination with cisplatin and fluorouracil as induction therapy? ☐ Yes ☐ No

(if SCCHN) Does the patient have locally advanced disease? ☐ Yes ☐ No

(if STS) What type of soft tissue sarcoma does the patient have?

- ☐ Angiosarcoma
- ☐ Dedifferentiated Chordoma
- ☐ Dermatofibrosarcoma Protuberans (DFSP) with Fibro sarcomatous Transformation
- ☐ Extremity/Body Wall
- ☐ Head/Neck
- ☐ Retroperitoneal/Intra-Abdominal
- ☐ Solitary Fibrous Tumor
- ☐ Other

(if STS, Angiosarcoma) How will the requested medication be used?

☐ As single-agent therapy
☐ In combination with gemcitabine
☐ Other

(if STS) Will the requested medication be used in combination with gemcitabine? ☐ Yes ☐ No

(if bladder) Does the patient have recurrent or metastatic disease? ☐ Yes ☐ No

(if bladder) Has the patient been previously treated with platinum chemotherapy and/or checkpoint inhibitor therapy? ☐ Yes ☐ No

(if GC) Does the patient have advanced disease including the gastroesophageal junction? ☐ Yes ☐ No

(if GC) Has the patient received any type of therapy before for this diagnosis? ☐ Yes ☐ No

(if GC) Will the requested medication be used in combination with cisplatin and fluorouracil? ☐ Yes ☐ No

(if breast) Which of the following best describes the patient's disease?
☐ Locally advanced
☐ Metastatic
☐ Node-positive (Operable)
☐ Other

(if breast, locally advanced/metastatic) Has the patient had chemotherapy failure? ☐ Yes ☐ No

(if breast) Will the requested medication be used as single-agent therapy? ☐ Yes ☐ No

(if breast) Will the requested medication be used in combination with doxorubicin and cyclophosphamide adjuvant treatment? ☐ Yes ☐ No

(if NSCLC) Which of the following describes the patient's disease?
☐ Locally advanced
☐ Metastatic
☐ Unresectable
☐ Other

(if NSCLC, locally advanced or metastatic) Has the patient had chemotherapy failure? ☐ Yes ☐ No
(if NSCLC, if previous chemo failure) Will the requested medication be used as single-agent therapy? ☐ Yes ☐ No

(if NSCLC) Will the requested medication be used in combination with cisplatin? ☐ Yes ☐ No

(if thyroid) Which of the following applies to the patient's cancer?
☐ Stage IVA - resectable
☐ Stage IVA - unresectable, borderline resectable, or incomplete (R2) resection
☐ Stage IVB (locoregional) following R0 or R1 resection
☐ Stage IVB (locoregional) - unresectable, borderline resectable, or incomplete (R2) resection
☐ Stage IVC (metastatic)
☐ Other

(if thyroid, stage IVA resectable or IVB locoregional R0 or R1 resection) Will the requested medication be used concurrently with radiation as radio sensitizing adjuvant therapy? ☐ Yes ☐ No

(if thyroid, stage IVA or IVB unresectable, borderline resectable or incomplete R2 resection) Will the requested medication be used concurrently with radiation? ☐ Yes ☐ No

(if thyroid, Stage IVA or IVB) How will the requested medication be used in the patient's therapy?
☐ As single-agent therapy
☐ In combination with doxorubicin
☐ Other

(if thyroid, Stage IVC metastatic) How will the requested medication be used?
☐ As aggressive first-line therapy
☐ As second-line therapy
☐ Other

(if thyroid, Stage IVC metastatic) Will the requested medication be used in combination with doxorubicin? ☐ Yes ☐ No

(if prostate) Does the patient have metastatic disease? ☐ Yes ☐ No

(if prostate) Will the requested medication be used in combination with prednisone? ☐ Yes ☐ No

Additional 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:**_____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

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.

v040126

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance