



Fax completed form to designated gene therapy fax (833) 910-1625  
 For Urgent requests please outreach to Cigna Gene Therapy Program at  
 (855) 678-0051 or email to [GeneTherapyProgram@Cignahealthcare.com](mailto:GeneTherapyProgram@Cignahealthcare.com)

# Gene Therapy Encelto™

(revakinagene taroretcel-lwey  
 intravitreal implant)

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 under physician and patient information 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:		

### FACILITY BILLING INFORMATION FOR PAYMENT SUPPORT

Billing Office Contact Name:	Billing Office Phone:
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**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 Request Detail:**

ICD10: \_\_\_\_\_ HCPCS Code \_\_\_\_\_

NDC: \_\_\_\_\_ Additional Comment: \_\_\_\_\_

**Where will this medication be obtained?**

Orsini Pharmaceutical  Physician's office stock (billing on a medical claim form)

Other (please specify): \_\_\_\_\_

**Facility and/or doctor administering medication:**

Facility Name: \_\_\_\_\_ State: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

**Where will this drug be administered?**

Hospital Outpatient  Physician's Office

Other (please specify): \_\_\_\_\_

**What is the indication or diagnosis?**

Idiopathic Macular Telangiectasia Type 2 (MacTel)

Other

**Clinical Information. Documentation is required for use of this gene therapy.** Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information.

**Check all that apply:**

<input type="checkbox"/>	Patient is ≥ 18 years of age
<input type="checkbox"/>	Patient is not receiving re-treatment of eye(s) previously treated with Encelto
<input type="checkbox"/>	Patient does not have neovascular (or proliferative) MacTel
<input type="checkbox"/> i.	Patient meets ONE of the following (i or ii): i. Patient has a best-corrected visual acuity (BCVA) of 54 letters or better using Early Treatment Diabetic Retinopathy Study (ETDRS) charts

<input type="checkbox"/> ii.	ii. Patient has a best-corrected visual acuity (BCVA) of 20/80 or better using the Snellen chart	
<input type="checkbox"/>	This is being administered by or under the supervision of an ophthalmologist	
<input type="checkbox"/> i.	Confirm affected eye(s) for this request of medical necessity review:	
<input type="checkbox"/> ii.		i. Right eye (OD)
<input type="checkbox"/> iii.		ii. Left eye (OS)
	iii. Both eyes (OU)	

**If any of the requirements listed above are not met and you feel administration of the requested gene therapy is medically necessary, please provide clinical support and rationale for the use of this gene therapy.**

**Additional pertinent information:** (including recent history and physical, recent lab work, disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently)

**Additional CPT and/or Administration Codes for Billing.**

Other

**Agreement and Attestation:**

Do you and your patient agree to share any required plan specific outcome measures?  Yes  No

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:** \_\_\_\_\_

*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 Coverage Policies online at [cigna.com](http://cigna.com).*

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