

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

What is your patient's diagnosis?

- Kidney Transplantation (Prophylaxis of Organ Rejection)
- Solid Organ Transplantation Other Than Kidney (Prophylaxis of Solid Organ Rejection)
- All other indications or diagnoses

Clinical Information:

Is the requested medication being prescribed by (or in consultation with) a transplant specialist physician or a physician associated with a transplant center? Yes No

Is the patient Epstein-Barr (EBV) seropositive? Yes No

(if Solid Organ Transplant) Is the patient currently receiving Nulojix? 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:** _____

Save Time! Submit Online at: www.covermy meds.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.

NDC number is required on the medical claims to confirm claim is payable for the drug Betaseron. The NDC number can be found on the drug packaging. In addition you may refer to the Crosswalk of HCPCS Codes Requiring NDC on Claims at the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies >.”

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