



Fax completed form to: (855) 840-1678

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

# Padcev (enfortumab vedotin ejfv)

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 <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)					
<b>Medication Requested:</b> <input type="checkbox"/> Padcev 20mg powder for injection <input type="checkbox"/> Padcev 30mg powder for injection			ICD10:		
Dose:		Frequency of therapy:	Duration of therapy:		
<b>Where will this medication be obtained?</b> <input type="checkbox"/> Accredo Specialty Pharmacy** <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 <i>**Cigna's nationally preferred specialty pharmacy</i>		
<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: _____ State: _____ Tax ID#: _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Diagnosis related to use.</b> <input type="checkbox"/> Muscle-invasive bladder cancer (MIBC) <input type="checkbox"/> urothelial cancer <input type="checkbox"/> All other indications or diagnoses					
<b>Clinical Information</b> (if urothelial cancer) Does the patient have locally advanced or metastatic disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (if urothelial cancer) Has the patient previously received a programmed death receptor-1 (PD-1) or programmed death-ligand (PD-L1) inhibitor and platinum-containing chemotherapy? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no) Is the patient ineligible for cisplatin-containing chemotherapy? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes) Has the patient previously received at least one other line of therapy before requesting this medication? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no) Will the requested medication be used in combination with pembrolizumab? Yes <input type="checkbox"/> No <input type="checkbox"/> (if MIBC) Is the patient ineligible for cisplatin? Yes <input type="checkbox"/> No <input type="checkbox"/>					

(if MIBC) Will the requested medication be used in combination with pembrolizumab (Keytruda) or pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex) as neoadjuvant treatment followed by adjuvant treatment after cystectomy?

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](http://cigna.com).*

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