



Fax completed form to: (855) 840-1678

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

Sandostatin, Sandostatin LAR Depot

(octreotide LAR Depot, octreotide immediate release)

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:

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: (please specify name, strength, and dosing schedule)

ICD10:

- | | | |
|--|---|---|
| <input type="checkbox"/> Octreotide 1000mcg/5mL vial | <input type="checkbox"/> Octreotide 500mcg/mL syringe | <input type="checkbox"/> Octreotide 5000mcg/5mL vial |
| <input type="checkbox"/> Octreotide 500mcg/mL vial | <input type="checkbox"/> Octreotide 0.05mg/mL vial | <input type="checkbox"/> Octreotide 100mcg/mL syringe |
| <input type="checkbox"/> Octreotide 100mcg/mL vial | <input type="checkbox"/> Octreotide 200mcg/mL vial | <input type="checkbox"/> Octreotide 50mcg/mL syringe |
| <input type="checkbox"/> Octreotide 50mcg/mL vial | <input type="checkbox"/> Sandostatin 0.05mg/mL ampule | <input type="checkbox"/> Sandostatin 0.1mg/mL ampule |
| <input type="checkbox"/> Octreotide acetate ER powder for injection 10mg | <input type="checkbox"/> Sandostatin 0.5mg/mL ampule | |
| <input type="checkbox"/> Octreotide acetate ER powder for injection 20mg | <input type="checkbox"/> Sandostatin LAR Depot 10mg | |
| <input type="checkbox"/> Octreotide acetate ER powder for injection 30mg | <input type="checkbox"/> Sandostatin LAR Depot 20mg | |
| <input type="checkbox"/> Sandostatin LAR Depot 30 mg | | |

Strength and Dosing:

Is this a new start or continuation of therapy**? new start of therapy Continuation of therapy- start date:

If your patient has already begun treatment with drug samples, please choose "new start of therapy". OR if patient has had a break in therapy and is restarting, please choose "new start of therapy".

Where will this medication be obtained?

- | | |
|---|---|
| <input type="checkbox"/> Accredo Specialty Pharmacy** | <input type="checkbox"/> Ambulatory Infusion Center |
| <input type="checkbox"/> Physician's office stock | <input type="checkbox"/> Hospital - In patient |
| <input type="checkbox"/> Home Health / Home Infusion vendor (name): | <input type="checkbox"/> Hospital - Out patient |
| CPT Code(s): _____ | <input type="checkbox"/> Other (please specify): |

**Cigna's nationally preferred specialty pharmacy

Facility and/or doctor dispensing and administering medication:

Facility Name: _____ State: _____ Tax ID#: _____

Address (City, State, Zip Code): _____

Is this infusion occurring in a facility affiliated with hospital outpatient setting? Yes No

If yes- Is this patient a candidate for re-direction to an alternate setting after 1-2 infusions (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? Yes No

NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting.

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

Please indicate the condition octreotide, Sandostatin, or Sandostatin LAR is being used to treat and answer additional questions as necessary.

Diagnosis

- Acromegaly
- Diarrhea Associated with Chemotherapy
- Enterocutaneous Fistulas
- Merkel Cell Carcinoma
- Meningioma
- Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas)
- Pancreatic Fistulas
- Pheochromocytoma and Paraganglioma
- Thymoma and Thymic Carcinoma
- Small bowel bleeds/angiodyplasia related bleeding
- Other

Clinical Information

- (if acromegaly) Has the patient had an inadequate response to surgery and/or radiotherapy? Yes No
- (if no) Is the patient a candidate for surgery and/or radiotherapy? Yes No
- (if yes) Is the patient experiencing negative effects due to tumor size (for example, optic nerve compression)? Yes No
- (if acromegaly) Prior to starting any somatostatin analog (for example, Mycapssa [octreotide delayed-release capsules], an octreotide acetate injection product [for example, Bynfezia Pen, Sandostatin {generic}, Sandostatin LAR Depot], Signifor LAR [pasireotide injection], Somatuline Depot [lanreotide injection], dopamine agonist [for example, cabergoline, bromocriptine], or Somavert [pegvisomant injection]), does/did the patient have an insulin-like growth factor-1 (IGF-1) level above the upper limit of normal based on age and gender for the reporting laboratory (note that references ranges for IGF-1 vary among laboratories)? Yes No
- (if acromegaly) Is the requested medication being prescribed by (or in consultation with) an endocrinologist? Yes No
- (if diarrhea associated with chemotherapy) Does the patient have Grade 3 or Grade 4 diarrhea? Note: Examples of Grade 3 or Grade 4 diarrhea include more than 6 bowel movements above baseline per day, colitis symptoms, interference with activities of daily living, hemodynamic instability, hospitalization, serious complications (for example, ischemic bowel, perforation, toxic mega-colon), or other colitis-related life-threatening conditions. Yes No
- (if diarrhea associated with chemotherapy) Has the patient tried at least one antimotility medication? Note: Examples of antimotility medications include loperamide and diphenoxylate. Yes No
- (if diarrhea associated with chemotherapy) Is the requested medication being prescribed by (or in consultation with) an oncologist or gastroenterologist? Yes No
- (if Meningioma) Is the requested medication being prescribed by (or in consultation with) an oncologist, radiologist, or neurosurgeon? Yes No
- (if NETs) Is the requested medication being prescribed by (or in consultation with) an oncologist, endocrinologist, or gastroenterologist? Yes No
- (if Pancreatic Fistulas) Is the patient being treated for operative trauma, pancreatic resection, acute or chronic pancreatitis, or pancreatic infection? Yes No
- (if Pheochromocytoma and Paraganglioma) Is the requested medication being prescribed by (or in consultation with) an endocrinologist, oncologist, or neurologist? Yes No
- (if Thymoma and Thymic Carcinoma) Is the requested medication being prescribed by (or in consultation with) an oncologist? Yes No
- (if Merkel Cell Carcinoma) Does the patient have regional or distant metastatic disease? Yes No
- (if Merkel Cell Carcinoma) Does the patient have contraindications to checkpoint immunotherapy? Note: Checkpoint immunotherapy includes Bavencio (avelumab intravenous infusion), Keytruda (pembrolizumab intravenous infusion), and Opdivo (nivolumab intravenous infusion). Yes No
- (if no) Has the patient's disease progressed on checkpoint immunotherapy? Note: Checkpoint immunotherapy includes Bavencio (avelumab intravenous infusion), Keytruda (pembrolizumab intravenous infusion), and Opdivo (nivolumab intravenous infusion). Yes No
- (if Merkel Cell Carcinoma) Is the requested medication being prescribed by (or in consultation with) an oncologist? Yes No
- (if Small bowel bleeds/angiodyplasia related bleeding) Does the patient have chronic, recurrent gastrointestinal bleeds lasting greater than or equal to 3 months? Yes No
- (if Small bowel bleeds/angiodyplasia-related bleeding) Is this medication being prescribed by or in consultation with a gastroenterologist? Yes No

If requesting brand Sandostatin LAR Depot:

(if acromegaly) Has the patient tried ONE of octreotide ER injectable suspension, Somatuline Depot or lanreotide subcutaneous injection?
NOTE: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

(if NETs) Has the patient tried ONE of octreotide ER injectable suspension, Somatuline Depot or lanreotide subcutaneous injection?
NOTE: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

(if no) Has the patient already been started on therapy with Sandostatin LAR? Yes No

(if Pheochromocytoma and Paraganglioma) Has the patient tried ONE of octreotide ER injectable suspension, Somatuline Depot or lanreotide subcutaneous injection? NOTE: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

(if no) Has the patient already been started on therapy with Sandostatin LAR? Yes No

Additional pertinent information: *(please include clinical reasons for drug, relevant lab values, etc.)*

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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