



Fax completed form to: (855) 840-1678
 If this is an URGENT request, please call (800) 882-4462 (800.88.CIGNA)

Somatuline Depot (lanreotide acetate)

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: <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)					
Medication requested: <input type="checkbox"/> Somatuline Depot: <input type="checkbox"/> lanreotide injection (by Cipla J1930 or NDC 69097-0906-67) <input type="checkbox"/> lanreotide injection (by Cipla J1932 or NDC 69097-0870-67) <input type="checkbox"/> Lanreotide injection (by Exelan) <input type="checkbox"/> Lanreotide injection (by Other or Unknown)					
Strength & Dosing: _____ ICD10: _____ Is this a new start or continuation of therapy**? <input type="checkbox"/> new start of therapy <input type="checkbox"/> continuation of therapy- start date:					
Where will this medication be obtained? <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital - In patient <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Other (please specify): _____ </div> <div style="width: 35%;"> <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Physician's office stock (billing on a medical claim form) <small>**Cigna's nationally preferred specialty pharmacy</small> </div> </div> CPT Code(s): _____					
<small>**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</small>					
Facility and/or doctor dispensing and administering medication: Facility Name: _____ State: _____ Tax ID#: _____ Address (City, State, Zip Code): _____					
Where will this drug be administered? <input type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Other (please specify): _____					
<p style="text-align: center;">NOTE: Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.</p> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

What is the patient's diagnosis or reason for treatment?

- acromegaly
 Neuroendocrine tumor(s) [NETs] of the gastrointestinal tract, lung, thymus (carcinoid tumors), and pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptide-secreting tumors [VIPomas], insulinomas)
 carcinoid syndrome
 pheochromocytoma or paraganglioma
 Small bowel bleeds/angiiodysplasia related bleeding
 Other (*please specify*):

Clinical Information:

If Acromegaly:

Is this medication being prescribed by, or in consultation with, an endocrinologist? Yes No

Has the patient had an inadequate response to surgery and/or radiotherapy? Yes No

Is the patient an appropriate candidate for surgery and/or radiotherapy?

Is the patient experiencing negative effects due to tumor size (for example, optic nerve compression)? Yes No

Does the patient have a pre-treatment (baseline) insulin-like growth factor-1 (IGF-1) level above the upper limit of normal (ULN) based on age and gender for the reporting laboratory? Please Note: Pre-treatment (baseline) refers to the IGF-1 level prior to the initiation of any somatostatin analog (for example, Mycapssa (octreotide delayed-release capsules), an octreotide acetate injection product (for example, Bynfezia Pen, Sandostatin [generics], Sandostatin LAR Depot), Signifor LAR [pasireotide for injectable suspension], Somatuline Depot [lanreotide subcutaneous injection]), dopamine agonist (for example, cabergoline, bromocriptine), or Somavert (pegvisomant for injection). Reference ranges for IGF-1 vary among laboratories. Yes No

(if requesting lanreotide injection by Cipla J1932 or NDC 69097-0870-67) Has the patient tried patient has tried one of octreotide ER injectable suspension (Sandostatin LAR Depot, generics), Somatuline Depot or lanreotide acetate (generic)? Note: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

If Carcinoid syndrome:

Is this medication being prescribed by, or in consultation with, an oncologist, endocrinologist, or gastroenterologist? Yes No

(if requesting lanreotide injection by Cipla J1932 or NDC 69097-0870-67) Has the patient tried patient has tried one Somatuline Depot or lanreotide acetate (generic)? Note: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

If Neuroendocrine tumor(s) [NETs] of the gastrointestinal tract, lung, thymus (carcinoid tumors), and pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptide-secreting tumors [VIPomas], insulinomas):

Is this medication being prescribed by, or in consultation with, an oncologist, endocrinologist, or gastroenterologist? Yes No

(if requesting lanreotide injection by Cipla J1932 or NDC 69097-0870-67) Has the patient tried patient has tried one of octreotide ER injectable suspension (Sandostatin LAR Depot, generics), Somatuline Depot or lanreotide acetate (generic)? Note: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

If Pheochromocytoma/paraganglioma:

Is this medication being prescribed by, or in consultation with, an endocrinologist, oncologist, or neurologist? Yes No

(if requesting lanreotide injection by Cipla J1932 or NDC 69097-0870-67) Has the patient tried patient has tried one of octreotide ER injectable suspension (Sandostatin LAR Depot, generics), Somatuline Depot or lanreotide acetate (generic)? Note: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. Yes No

If Small bowel bleeds/angiiodysplasia related bleeding:

Does the patient have chronic, recurrent gastrointestinal bleeds lasting greater than or equal to 3 months? Yes No

Is this medication being prescribed by, or in consultation with a gastroenterologist? Yes No

(if requesting lanreotide injection by Cipla J1932 or NDC 69097-0870-67) Has the patient tried patient has tried one Somatuline Depot or lanreotide acetate (generic)? Note: If requesting a Cipla lanreotide product, the preferred product is J1930, NDC 69097-0906-67. 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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