



Fax completed form to: (855) 840-1678

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

Blincyto (Blinatumomab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name: Dr. Oncoso			*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: Pediatric Hematology and Oncology	* DEA, NPI or TIN: 5467892394				
Office Contact Person: Mrs. Dana Smith			* Patient Name: Lucas Little		
Office Phone: 555-324-7878			* Cigna ID: 345987	* Date of Birth: 07/30/2017	
Office Fax: 555-324-7877			* Patient Street Address: 28 Dearborn St		
Office Street Address: 27 W State St			City: Chicago	State: IL	Zip: 60602
City: Chicago	State: IL	Zip: 60601	Patient Phone: 555-360-8746		
Urgency: <input type="checkbox"/> Standard <input checked="" 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"/> Cisplatin 50mg powder for injection <input type="checkbox"/> Cisplatin 100mg/100ml solution for injection <input type="checkbox"/> Cisplatin 1mg/1ml solution for injection <input type="checkbox"/> Cisplatin 200mg/200ml solution for injection <input type="checkbox"/> Cisplatin 50mg/50ml solution for injection <input checked="" type="checkbox"/> Other (please specify): Blincyto ICD10: Dose: 28mcg/day Frequency of therapy: Induction cycle 1 Days 1-28: 28 mcg/day Duration of Therapy: Based on clinical response, up to 6 months What is your patient's current height? 117cm What is your patient's current weight? 30kg					
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 checked="" type="checkbox"/> No					
Where will this medication be obtained? <input type="checkbox"/> Accredo Specialty Pharmacy** <input checked="" type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Physician's office stock (billing on a medical claim form) **Cigna's nationally preferred specialty pharmacy **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					
Facility and/or doctor dispensing and administering medication: Facility Name: State: Tax ID#: Address (City, State, Zip Code): Is the patient a candidate for home infusion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the physician have an in-office infusion site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Where will this drug be administered? <input checked="" type="checkbox"/> Patient's Home <input type="checkbox"/> Physician's Office <input checked="" type="checkbox"/> Hospital Outpatient Other (please specify): Infusion center initially, then at home with home health NOTE: Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting. 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? (provide medical necessity rationale): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Is the patient a candidate for home infusion?

Yes ☒ No ☐

Does the physician have an in-office infusion site?

Yes ☒ No ☐

Clinical Information:

Does your patient have a diagnosis of B-cell acute lymphoblastic leukemia (ALL)?

Yes ☒ No ☐

(if no) What is the diagnosis related to use?

Yes ☐ No ☐

Is your patient in either their first or second complete remission?

Yes ☒ No ☐

(if yes) Does your patient have minimal residual disease (MRD)?

Yes ☐ No ☐

Does your patient have Philadelphia chromosome -positive or -negative ALL

- ☐ Ph+ (positive)
☒ Ph- (negative)
☐ Unknown

(if Ph+) Has your patient failed treatment with tyrosine kinase inhibitor therapy (for example: imatinib [Gleevec], dasatinib [Sprycel], nilotinib [Tasigna])?

Yes ☐ No ☐

(if PH-) Is your patient in the consolidation phase of multiphase chemotherapy?

Yes ☐ No ☒

Does your patient have relapsed or refractory disease?

Yes ☒ No ☐

Has your patient already started treatment with Blincyto?

Yes ☐ No ☒

How many treatment cycles has your patient received to date? 1 standard induction and consolidation cycle, now in maintenance phase

Is the total number of treatment cycles the patient will receive more than 9?

Yes ☐ No ☒

Please Provide any Additional Pertinent Clinical Information: (please include disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently):

Please see attached clinical documentation, laboratory results and pathology reports

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: *Incuso*

Date: 10/15/24

Save Time! Submit Online at: www.covermymeds.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.

V091524

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance Company and Cigna Health Management, Inc. Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005