



CIGNA

Pharmacy Services

Phone: (800)244-6224

Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form - Self-Injectable Medications -

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Please note: CIGNA has drug-specific authorization forms for the following self-injectable medications:

Amevive, Aranesp, Arixtra, Enbrel, Epogen, Fertility Injectables, Fragmin, Growth Hormones, Heparin, Humira, Hyalgan, Innohep, Kineret, Lovenox, Neulasta, Neupogen, Orthovisc, PegaSys, Peg-Intron, Procrit, Raptiva, Remicade, Supartz, Synagis, Synvisc, Xolair.

If the medication you are requesting is listed above, please call 800-244-6224 to obtain the authorization form for that drug.

PROVIDER INFORMATION			PATIENT INFORMATION		
* Provider 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 or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* CIGNA ID:		
Office Fax:			* Date Of Birth:		
* Is your fax machine kept in a secure location?		Yes <input type="checkbox"/> No <input type="checkbox"/>	* Patient Street Address:		
* May we fax our response to your office?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		

Medication requested:

Strength & Dose:

J-Code:

Quantity prescribed per month:

ICD9 Code:

Where will this medication be obtained?

CIGNA Tel-Drug (CIGNA's nationally preferred specialty pharmacy)

Retail pharmacy

Prescriber's office stock (billing on a medical claim form)

Home Health / Home Infusion vendor

Other (please specify):

Diagnosis related to use (please specify):

Formulary alternatives tried:

Clinical Information:

What past conventional therapies (if any) has the patient tried?

Additional pertinent information:

CIGNA HealthCare's coverage positions may be viewed online at:

http://www.cigna.com/customer_care/healthcare_professional/coverage_positions

Please fax completed form to (800)390-9745. Phone requests may be submitted by calling (800)244-6224.

Our standard response time for prescription drug coverage requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services to expedite the request. View our formulary on line at <http://www.cigna.com>.