

# MEDICARE ADVANTAGE DRUGS/BIOLOGICS PART B PRECERTIFICATION FORM



PART B STEP THERAPY - HERCEPTIN IV, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT

This precertification form applies to all Cigna Medicare markets except Arizona and Leon health plans. This precertification form does not apply to Medicaid only and Medicare/Medicaid Plan (MMP) plans. Please fax to:

**1-877-730-3858** | Phone: **1-888-454-0013**

Note: In an effort to process your request in a timely manner, please submit all pertinent clinical information.

<input type="checkbox"/> <b>Expedited – defined as danger to a patient’s health if not provided within 24 hours</b>		
Patient name:		Patient date of birth:
Name of requesting provider:		ID number:
Contact person:		Date of service:
Address:		
NPI number:	Phone number:	Fax number:

**If referring to a (servicing) provider, the below stated information must be submitted:**

Name of servicing provider:		Phone number:
Contact person:		Fax number:
Address:		NPI number:

Please check if servicing provider is non-contracted  
If servicing provider is non-contracted/out-of-network provider/facility, please explain why:

Who will supply the medication? <input type="checkbox"/> Provider office <input type="checkbox"/> Outpatient hospital/clinic <input type="checkbox"/> Pharmacy not located within the servicing facility	Please select place of service by checking only one of the boxes: <input type="checkbox"/> Provider office <input type="checkbox"/> Outpatient hospital/clinic <input type="checkbox"/> Other. Please specify:
Diagnosis codes:	Diagnosis:

**Please attach all required documentation: recent clinical notes, copy of the prescription or physician order, relevant diagnostic labs.**

HCPCS codes	Drug name (if applicable)	Dose (if applicable)	Frequency	Duration

Q1: Is this a new start or a continuation of therapy within the past 365 days?

Q2: Has the patient had an intolerance or an inadequate response to a Step 1 alternative Kanjinti or Trazimera\*?

Q3: If patient is unable to try a Step 1 alternative Kanjinti or Trazimera\*, please provide the reason(s) why an exception should be made to the step therapy requirement:

\*Cigna requires precertification for Step 1 alternative - Kanjinti or Trazimera