



CIGNA

Pharmacy Services

Phone: (800)244-6224

Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form - Amevive (alefacept)-

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

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:

Amevive (alefacept) 15mg vial

Dose and Quantity:

Duration of therapy:

J-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):

- Moderate-to-severe Chronic Plaque Psoriasis
- Other (please specify):

Moderate-to-severe Plaque Psoriasis:

Is the patient a candidate for or previously received either systemic therapy or phototherapy?

- Yes
- No

Is this beginning new treatment or for a reauthorization?

- New
- Reauthorization

If reauthorization request:

Are the total Lymphocyte count and CD4+ T cell counts within normal range? Yes No

What are the dates of the last course of treatment?

Additional pertinent information:

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>.