CIGNA®
Pharmacy Services
Phone: (800)244-6224
Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form
- Increlex, iPlex-

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 ☐ No ☐ * May we fax our response to your office? Yes ☐ No ☐			* Patient Street Address:		
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		

Medication requested:

☐ Increlex (mecasermin) 10mg/ml vial ☐ iPlex (mecasermin rinfabate/pf) 36mg/0.6ml

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):

☐ Severe primary insulin-like growth factor-1 (IGF-1) deficiency
☐ Growth hormone gene deletion
☐ Other (please specify):

Clinical Information:

1. Pre treatment height:
2. Pre treatment age:
3. Pre treatment IGF-1 value: Normal Range: Date:
4. Pre treatment Growth Hormone level: Normal Range: Date:

For the diagnosis of Growth Hormone (GH) gene deletion:

5. Neutralizing antibodies to GH: ☐ Yes ☐ No

Additional pertinent information:

****Please attach growth chart and progress notes.****

Please fax completed form to (800)390-9745. Due to the clinical information required, requests for this medication cannot be accepted via phone.

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 have the request expedited. View our formulary on line at http://www.cigna.com.

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