



Fax completed form to: (855) 840-1678
 If this is an URGENT request, please call (800) 882-4462

Briumvi (Ublituximab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician's 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, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		
Urgency: <input type="checkbox"/> Standard <input 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"/> Briumvi 150 mg/6 mL (25 mg/mL) vial <input type="checkbox"/> Other (please specify):					
Directions for Use: Dose: _____ Quantity: _____ Duration of therapy: _____ ICD10: _____ Is this a new start or continuation of therapy with the requested medication? If patient has been taking samples, please pick "new start." <input type="checkbox"/> new start of therapy <input type="checkbox"/> continuation of therapy					
Where will this medication be obtained? <input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Other (please specify): <i>**Cigna's nationally preferred specialty pharmacy</i>					
<i>**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</i>					
Facility and/or doctor dispensing and administering medication: Facility Name: _____ State: _____ Tax ID#: _____ Address (City, State, Zip Code): _____ <p style="text-align: center;">NOTE: Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting</p> Is this infusion occurring in a facility affiliated with hospital outpatient setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- Is this patient a candidate for re-direction to an alternate setting (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide medical necessity rationale): _____					
Is your patient a candidate for home infusion? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the physician have an in-office infusion site? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 type="checkbox"/> No					

What is your patient's Diagnosis:

- A relapsing form of multiple sclerosis – Please note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.
- Other diagnoses or indications

Clinical Information:

Is the requested drug being prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis? Yes No

Is the requested drug to be used in combination with other disease-modifying agents for multiple sclerosis? Please Note: Examples of disease modifying agents for MS include Avonex, Betaseron, Rebif, Plegridy, Ponvory, Copaxone, Glatopa, glatiramer acetate subcutaneous injection, fingolimod capsules, Gilenya, Aubagio, Tascenso ODT, Tecfidera, dimethyl fumarate delayed-release capsules, Tysabri, Mayzent, Mavenclad, Ocrevus, Ocrevus Zunovo, Vumerity, Bafiertam, Zeposia, Kesimpta, teriflunomide tablets, Tyruko, and Lemtrada. Yes No

Is the patient currently receiving Briumvi? Yes No

(if currently receiving) Has the patient already received at least 1 year of therapy with Briumvi? Please Note: Answer No if the patient has received less than 1 year of therapy or if the patient is restarting therapy with Briumvi. Yes No

(if currently receiving for at least 1 yr) Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Please Note: Examples include stabilization or reduced worsening in disease activity as evaluated by magnetic resonance imaging (MRI) [absence or a decrease in gadolinium enhancing lesions, decrease in the number of new or enlarging T2 lesions]; stabilization or reduced worsening on the Expanded Disability Status Scale (EDSS) score; achievement in criteria for No Evidence of Disease Activity-3 (NEDA-3) or NEDA-4; improvement on the fatigue symptom and impact questionnaire-relapsing multiple sclerosis (FSIQ-RMS) scale; reduction or absence of relapses; improvement or maintenance on the six-minute walk test or 12-Item MS Walking Scale; improvement on the Multiple Sclerosis Functional Composite (MSFC) score; and/or attenuation of brain volume loss. Yes No

(if no) Has the patient experienced stabilization, slowed progression, or improvement in at least one symptom such as motor function, fatigue, vision, bowel/bladder function, spasticity, walking/gait, or pain/humbness/tingling sensation? Yes No

Additional Information:

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: _____ **Date:** _____

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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.

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