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

Ocrevus
(ocreluzumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician 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:
☐ Standard ☐ 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:

☐ Ocrevus 300 mg/10 mL vial

☐ other (please specify):

Directions for use: Dose and Quantity: Duration of therapy:
J-code:

Frequency of administration: ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Retail pharmacy
☐ Other (please specify):
☐ Home Health / Home Infusion vendor
☐ Physician's office stock (billing on a medical claim form)
***Cigna's nationally preferred specialty pharmacy*

Is this a new start or continuation of therapy?

☐ *new start of therapy*
☐ *continuation of therapy*

***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*

Facility and/or doctor dispensing and administering medication:

Facility Name: State: Tax ID#:

Address (City, State and Zip Code):

Where will this drug be administered?
☐ Patient's Home
☐ Hospital Outpatient
☐ Physician's Office
☐ Other (please specify):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.*

Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? ☐ Yes ☐ No (provide medical necessity rationale):

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? ☐ Yes ☐ No

What is your patient's diagnosis?

☐ A relapsing form of multiple sclerosis – Please Note: Examples include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease
☐ Primary Progressive multiple sclerosis
☐ Other diagnoses or indications

Clinical Information:

(if Relapsing forms of MS or PPMS) Is the requested medication being prescribed by (or in consultation with) a neurologist or a physician who specializes in the treatment of multiple sclerosis? ☐ Yes ☐ No

(if Relapsing forms of MS or PPMS) Is the requested medication 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, Briumvi, Rebif, Plegridy, Ponvory, Copaxone, Glatopa, glatiramer acetate subcutaneous injection, Gilenya, fingolimod capsules, Aubagio, Tecfidera, dimethyl fumarate delayed-release capsules, Tysabri, Mayzent, Mavenclad, Vumerity, Bafiertam, Zeposia, Kesimpta, teriflunomide tablets, Tyruko, Tascenso ODT, Ocrevus Zunovo, and Lemtrada. ☐ Yes ☐ No

(if Relapsing forms of MS) Is the patient currently receiving Ocrevus? ☐ Yes ☐ No

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

(if Currently receiving Ocrevus for at least 1 Year) 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 a 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/numbness/tingling sensation? ☐ Yes ☐ No

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforhcp.com] to determine benefit availability and the terms and conditions of coverage)

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:**_____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

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.

NDC number is required on the medical claims to confirm claim is payable for the drug Betaseron. The NDC number can be found on the drug packaging. In addition you may refer to the Crosswalk of HCPCS Codes Requiring NDC on Claims at the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies >."

v110125