



Vyvgart IV (efgartigimod alfa-fcab)

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

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:
City:			State:		Zip:
State:			Patient Phone:		
Zip:					
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"/> Vyvgart 400 mg/20 mL (20 mg/mL) vial <input type="checkbox"/> other (please specify):					
ICD10:					
Directions for use: Dose		Quantity:		Duration of therapy:	
What is the patient's current weight?					
Where will this medication be obtained?					
<input type="checkbox"/> Accredo Specialty Pharmacy** <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Other (please specify):			<input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Home Health / Home Infusion vendor **Cigna's nationally preferred specialty pharmacy		
<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):					
Where will this drug be administered?					
<input type="checkbox"/> Patient's Home <input type="checkbox"/> Hospital Outpatient			<input type="checkbox"/> Physician's Office <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide medical necessity rationale):					
Is your patient a candidate for home infusion?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the physician have an in-office infusion site?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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?

- Generalized Myasthenia Gravis (gMG)
 other

Clinical Information:

Will the requested medication be used with another neonatal Fc receptor blocker, a complement inhibitor, a rituximab product, or Uplizna (inebilizumab-cdon intravenous infusion)? Please Note: Examples of neonatal Fc receptor blockers are Imaavy (nipocalimab-aahu intravenous infusion), Rystiggo (rozanolixizumab-noli subcutaneous infusion) and Vyvgart (efgartigimod alfa-fcab intravenous infusion). Examples of complement inhibitors are eculizumab intravenous infusion (Soliris, biosimilar), Ultomiris (ravulizumab-cwvz intravenous infusion or subcutaneous injection), and Zilbrysq (zilucoplan subcutaneous injection). Yes No

If gMG:

Is the patient currently receiving Vyvgart Intravenous (or Vyvgart Hytrulo [efgartigimod alfa and hyaluronidase-qvfc subcutaneous injection])? Yes No

(if currently receiving) According to the prescriber, is the patient continuing to derive benefit from Vyvgart Intravenous (or Vyvgart Hytrulo)? Please Note: Examples of derived benefit include reductions in exacerbations of myasthenia gravis; improvements in speech, swallowing, mobility, and respiratory function. Yes No

(if not currently receiving) Is documentation being provided that the patient has confirmed anti-acetylcholine receptor antibody positive generalized myasthenia gravis? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information. Yes No

(if not currently receiving) Does the patient have Myasthenia Gravis Foundation of America classification of II to IV? Yes No

(if not currently receiving) Does the patient have a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of 5 or higher? Yes No

Is the requested medication being prescribed by, or in consultation with, a neurologist? Yes No

(if not currently receiving) Has the patient received or is the patient currently receiving pyridostigmine? Yes No

(if not received or currently receiving pyridostigmine) Has the patient had an inadequate efficacy, a contraindication, or significant intolerance to pyridostigmine? Yes No

(if not currently receiving) Does the patient have evidence of unresolved symptoms of generalized myasthenia gravis? Please Note: Examples of unresolved symptoms include difficulty swallowing, difficulty breathing, or a functional disability resulting in the discontinuation of physical activity (for example, double vision, talking, impairment of mobility). Yes No

Additional Pertinent 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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