



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

Hemlibra (emicizumab-kxwh)

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:** Hemlibra 30mg/ml vial Hemlibra 60 mg/0.4ml vial
 Hemlibra 105mg/0.7ml vial Hemlibra 150mg/1ml vial

ICD10: _____ Dose and Quantity: _____ Duration of therapy: _____
 Frequency of administration: _____
 What is your patient's current weight? _____
 Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples of Hemlibra, please choose "new start of therapy". new start of therapy continued therapy
 (if continued therapy) Has your patient had a good response to therapy with this drug (such as reduction in frequency of bleeding episodes)? Yes No

Where will this medication be obtained?

- Accredo Specialty Pharmacy** Retail pharmacy
 Prescriber's office stock (billing on a medical claim form) Home Health / Home Infusion vendor
 Other (please specify): _____ **Cigna's nationally preferred specialty pharmacy

**Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557

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?

- Hemophilia A (congenital factor VIII deficiency) other (please specify): _____

Clinical Information

****This drug requires supportive documentation (chart notes, lab and test results, etc). ****
****Supportive documentation for all answers must be attached with this request****

Is there documentation that your patient has one of the following?
 factor XIII inhibitors
 mild or moderate hemophilia (defined as factor VIII level of 1% to less than 40%)
 severe hemophilia defined as pre-treatment factor VIII level less than 1%
 none of the above
 (if mild/moderate) Which of the following applies to your patient? Please provide documentation.
 1 or more episodes of bleeding into the central nervous system or other serious, life-threatening bleed
 1 or more episodes of bleeding into large joint (ankles, knees, hips, elbows, shoulders) and age 3 years or younger
 2 or more episodes of bleeding into large joints (ankles, knees, hips, elbows, shoulders)
 presence of joint disease documented by physical examination and plain radiographs of the affected joints
 none of the above

Is Hemlibra being used for routine prophylaxis to prevent or reduce the frequency of bleeding episodes? Yes No
 (if no) Please specify the use for which Hemlibra is being prescribed.

Additional pertinent information (including prior therapy, disease stage, performance status, and names/doses/admin schedule of any agents to be used concurrently):

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.covermy meds.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.

v111518

"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance Company and Cigna Health Management, Inc. Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005