



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

# Ocrevus Zunovo

(ocreluzumab and hyaluronidase-ocsq)

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 Zunovo 920 mg-23000 units/23 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? If your patient has already begun treatment with drug samples of Ocrevus Zunovo, please choose new start of therapy.

- new start of therapy  
 continuation of therapy

(if continuation of therapy) Has your patient had a documented beneficial response to this medication?  Yes  No

(if no) Please provide clinical support for continued use of Ocrevus Zunovo. \_\_\_\_\_

*\*\*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  Physician's Office  
 Hospital Outpatient  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

**Diagnosis:**

Does your patient have a diagnosis of Multiple Sclerosis (MS)?  Yes  No

Please indicate which type of Multiple Sclerosis (MS) applies to your patient.

- Active Secondary Progressive Multiple Sclerosis (SPMS)
- Clinically Isolated Syndrome (CIS)
- Relapsing-Remitting Multiple Sclerosis (RRMS)
- Primary Progressive multiple sclerosis (non-relapsing form of Multiple Sclerosis)
- other (please specify):

**Clinical Information:**

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

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

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

(if yes) Has the patient already received at least 1 year of therapy with Ocrevus Zunovo? Please Note: A patient who has received less than 1 year of therapy or who is restarting therapy with Ocrevus will be reviewed under Initial Therapy.  Yes  No

(if yes) 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 State 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

**Additional Information:** Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug (with dates of use) and how they have been receiving it (for example: samples, out of pocket).

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](http://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](http://CignaforHCP.com) > Resources > Clinical Reimbursement Policies and Payment Policies >.)*

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