Cigna®

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

Omvoh vial
(mirikizumab-mrkz intravenous)

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:

☐ Omvoh 300mg/15ml vial
☐ other (please specify):

Dose Quantity: Duration of therapy:

Frequency of Administration: J-Code: ICD10:

Is this a new start or continuation of therapy with the requested medication? If patient has been taking samples, please pick "new start."
☐ New start of therapy
☐ Continuation of therapy

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

***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, 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 the indication or diagnosis?

☐ Ulcerative colitis
☐ Crohn's disease
☐ Other (please specify):

Clinical Information:

Will the requested medication be used in combination with a BIOLOGIC drug? Examples of biologic drugs include: an adalimumab product [Humira, biosimilar], Bimzelx, Cimzia, Cosentyx (IV or SC), etanercept SC product [Enbrel, biosimilar], Entyvio (IV or SC), Ilumya, infliximab IV products [Remicade, biosimilar], Kevzara, Kineret, Omvoh (SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), an ustekinumab product (Stelara [SC or IV], biosimilar), Taltz, a tocilizumab product (Actemra [IV or SC], biosimilar), Tremfya (IV or SC), or Zymfentra. ☐ Yes ☐ No

(if no) Will the requested medication be used in combination with a targeted synthetic oral small molecule drug? Examples of targeted synthetic oral small molecule drugs include: Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia. ☐ Yes ☐ No

(if UC) Will the medication be used as induction therapy? ☐ Yes ☐ No

(if UC) Is the requested medication prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

(if Crohn's) Will the medication be used as induction therapy? ☐ Yes ☐ No

(if Crohn's) Is the requested medication prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

(if UC) Is the dose prescribed 300 mg as an intravenous infusion administered at Weeks 0, 4, and 8? ☐ Yes ☐ No

(if Crohn's) Is the dose prescribed 900 mg as an intravenous infusion administered at Weeks 0, 4, and 8? ☐ Yes ☐ No

(if UC) Has the patient tried one the following: an adalimumab product, Skyrizi intravenous, a ustekinumab intravenous product, Tremfya intravenous, Entyvio intravenous, an infliximab IV product, Simponi subcutaneous, Entyvio subcutaneous, Skyrizi subcutaneous, ustekinumab subcutaneous, Tremfya subcutaneous, or Zymfentra? Please Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. Examples of infliximab intravenous products include Avsola, Inflectra, infliximab intravenous infusion, Remicade, and Renflexis. A trial of multiple adalimumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple infliximab products counts as ONE product. ☐ Yes ☐ No

(if no) According to the prescriber, has the patient started on or is currently undergoing induction therapy with Omvoh intravenous?
☐ Yes
☐ No - The preferred products are adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi IV, Imuldosa IV [NDCs starting with 69448], Selsardi IV, ustekinumab-ttwe IV, Yesintek IV, Tremfya IV, Avsola, Inflectra, and Entyvio IV. A request for one of these products may be reviewed.

(if Crohn's) Has the patient tried one the following: an adalimumab product, Skyrizi intravenous, Tremfya intravenous, a ustekinumab intravenous product, Entyvio intravenous, an infliximab intravenous product, Simponi subcutaneous, Entyvio subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, ustekinumab subcutaneous, or Zymfentra? Please Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. Examples of infliximab intravenous products include Avsola, Inflectra, infliximab intravenous infusion, Remicade, and Renflexis. A trial of multiple adalimumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple infliximab products counts as ONE product. ☐ Yes ☐ No

(if no) According to the prescriber, has the patient started on or is currently undergoing induction therapy with Omvoh intravenous?
☐ Yes
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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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