



Fax completed form to: (855) 840-1678

If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Niktimvo (axatilimab)

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:					
☐ Niktimvo 9mg/0.18mL solution for injection ☐ Niktimvo 22mg/0.44mL solution for injection					
Directions for use:		Quantity:	Duration of Therapy:		
J-Code:					
Dose (in Mg/kg):		Frequency (for example Weeks 0, 2)			
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):					
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:					
☐ Graft-Versus-Host Disease ☐ other (please specify):					
Clinical Information:					
(if GVHD) Is this a new start (initial therapy) or is the patient currently receiving Niktimvo? If patient has been taking samples, please pick "new start (initial therapy)". ☐ New start (initial therapy) ☐ Currently receiving Niktimvo					
(if initial) Does the patient weigh at least 40 kg? ☐ Yes ☐ No					

(if initial) Is the patient's disease considered to be chronic?

Notes: You may answer "yes" if they state the patient has cGVHD.

☐ Yes ☐ No

(if initial) Has the patient tried at least two systemic medications for chronic graft-versus-host disease (cGVHD)?

Notes: Examples of systemic therapy may include Jakafi (ruxolitinib tablets), Rezurock (belumosudil tablets), Imbruvica (ibrutinib tablets, capsules, and oral suspension), imatinib, hydroxychloroquine, methotrexate, rituximab, pentostatin, interleukin-2 (for example, Proleukin [aldesleukin intravenous infusion]), methylprednisolone, cyclosporine, tacrolimus, sirolimus, an etanercept product, and mycophenolate mofetil.

☐ Yes ☐ No

(if currently receiving) According to the prescriber, has the patient demonstrated a beneficial clinical response? Examples of a beneficial response include a reduction in corticosteroid dose, disease stabilization, and/or symptomatic improvement.

☐ Yes ☐ No

(if no) Please provide support for continued use.

Additional Pertinent 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 (samples, out of pocket, etc.).

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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