



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 <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? ☐ 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 (UC)
☐ 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, 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 Crohn's) Has the patient tried or is currently taking a systemic corticosteroid, or are systemic corticosteroids contraindicated in this patient? Please Note: Examples of corticosteroids are prednisone or methylprednisolone. ☐ Yes ☐ No

(if no) Has the patient tried one other conventional systemic therapy for Crohn's disease? Please Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. A trial of a mesalamine product does not count as a systemic therapy for Crohn's disease. ☐ Yes ☐ No

(if no) Has the patient already tried at least one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics used for Crohn's disease are an adalimumab product (Humira, biosimilars), Cimzia, an infliximab IV product (Remicade, biosimilars), Zymfentra, a ustekinumab product (Stelara [SC or IV], biosimilar), Skyrizi (SC or IV), or Entyvio (SC or IV). ☐ Yes ☐ No

(if no) Does the patient have enterocutaneous (perianal or abdominal) or rectovaginal fistulas?

☐ Yes ☐ No

(if no) Has the patient had an ileocolonic resection (to reduce the chance of Crohn's disease recurrence)?

☐ 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 products (Cyltezo/adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk), Skyrizi IV, ustekinumab IV products (Stelara IV/ustekinumab IV, Selarsdi IV, ustekinumab-ttwe IV, Yesintek IV), Tremfya IV, infliximab IV Products (Avsola, Inflectra), 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

☐ No - The preferred products are adalimumab products (Cyltezo/adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk), Skyrizi IV, ustekinumab IV products (Stelara IV/ustekinumab IV, Selarsdi IV, ustekinumab-ttwe IV, Yesintek IV), Tremfya IV, infliximab IV products (Avsola, Inflectra), Entyvio IV. A request for one of these products may be reviewed.

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:** _____

Save Time! Submit Online at: www.covermymeds.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.

v090125

"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