AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM SERVICES

Briumvi™ (ublituximab-xiiy)

Fax back to: 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed.

Please use one form per member.

MEMBER INFORMATION														
Last Name:	First Name:													
Medicaid ID Number:	Date of Birth:													
Weight in Kilograms:														
PRESCRIBER INFORMATION														
Last Name:	First Name:													
NPI Number:														
Phone Number:	Fax Number:													
DRUG INFORMATION														
Drug Name/Form:														
Strength:														
Dosing Frequency:														
Length of Therapy:														
Quantity per Day:														

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(Form continued on next page.)

AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM: Briumvi™ (ublituximab-xiiy)

Member's Last Name:												Member's First Name:											
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	Y	es	No.)																			
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AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM:Briumvi™ (ublituximab-xiiy)

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*Definitive diagnosis of MS with a relapsing-remitting course is based upon BOTH dissemination in time an space. Unless contraindicated, MRI should be obtained (even if criteria are met). Dissemination in time (Development/appearance of new CNS lesions over time) Dissemination in space (Development of lesions in distinct anatomical)												hi na a	TILA	and										
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Member has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI

(Form continued on next page.)

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AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM: Briumvi™ (ublituximab-xiiy)

Member's Last Name:										Member's First Name:													

***Definitive diagnosis of CIS is based upon <u>ALL</u> of the following:

- A monophasic clinical episode with member-reported symptoms and objective findings reflecting a focal or multifocal inflammatory demyelinating event in the CNS
- Neurologic symptom duration of at least 24 hours, with or without recovery
- Absence of fever or infection
- Member is not known to have multiple sclerosis

****Definitive diagnosis of MS with a primary progressive course is based upon the following:

- 1 year of disability progression independent of clinical relapse; AND
- TWO of the following:
 - ≥ 1 T2-hyperintense lesion characteristic of MS in one or more of the following regions of the CNS: periventricular, cortical or juxtacortical, or infratentorial
 - ≥ 2 T2-hyperintense lesions in the spinal cord
 - Presence of CSF-specific oligoclonal bands

Prescriber Signature (Required) Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.

Submission of documentation does NOT guarantee coverage.

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