

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:

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First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number:

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Date of Birth:

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Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

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NPI Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number:

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Fax Number:

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DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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DIAGNOSIS AND MEDICAL INFORMATION

For an initial request, complete the following questions to receive a 6-month approval:

1. Is the member at least 18 years of age? **AND**
 Yes No
2. Has the member been screened for the presence of Hepatitis B virus (HBV) prior to initiating treatment AND does not have active disease (i.e., positive HBsAg and anti-HBV tests)? **AND**
 Yes No
3. Has the member had baseline serum immunoglobulin assessed? **AND**
 Yes No
4. Will the member not receive live or live attenuated vaccines while on therapy or withing 4 weeks prior to the initiation of treatment? **AND**
 Yes No
5. Is the member free of an active infection? **AND**
 Yes No
6. Will Briumvi be used as a single therapy? **AND**
 Yes No
7. Has the member not received a dose of ocrelizumab or ublituximab within the past 5 months? **AND**
 Yes No
8. Does the member have a confirmed diagnosis of multiple sclerosis (MS) as documented by laboratory report (i.e., MRI)? **AND**
 Yes No
9. Does the member have a diagnosis of a relapsing form of MS (i.e., relapsing-remitting MS [RRMS]*, active secondary progressive disease [SPMS]**, or clinically isolated syndrome [CIS]***)? **OR**
 Yes No

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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For a renewal request, complete the following questions to receive a 12-month approval:

1. Does the member continue to meet the relevant criteria identified in the initial criteria? **AND**
 Yes No
2. Does the member have an absence of unacceptable toxicity from the drug? **AND**
 Yes No
3. Is the member being continuously monitored for response to therapy indicates a beneficial response?
 Yes No

*Definitive diagnosis of MS with a relapsing-remitting course is based upon BOTH dissemination in time and 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)
<ul style="list-style-type: none"> ▪ ≥ 2 clinical attacks; OR ▪ 1 clinical attack AND one of the following: <ul style="list-style-type: none"> – MRI indicating simultaneous presence of gadolinium-enhancing and non-enhancing lesions at any time or by a new T2- hyperintense or gadolinium-enhancing lesion on follow-up MRI compared to baseline scan – CSF-specific oligoclonal bands 	<ul style="list-style-type: none"> ▪ ≥ 2 lesions; ▪ 1 lesion AND one of the following: <ul style="list-style-type: none"> – Clear-cut historical evidence of a previous attack involving a lesion in a distinct anatomical location – MRI indicating ≥ 1 T2-hyperintense lesions characteristic of MS in ≥ 2 of 4 areas of the CNS (periventricular, r juxtacortical, infratentorial, or spinal cord)
**Active secondary progressive MS (SPMS) is defined as the following:	
<ul style="list-style-type: none"> ▪ Expanded Disability Status Scale (EDSS) score ≥ 3.0; AND ▪ Disease is progressive ≥ 3 months following an initial relapsing-remitting course (i.e., EDSS score increase by 1.0 in members with EDSS ≤5.5 or increase by 0.5 in members with EDSS ≥6); AND <ul style="list-style-type: none"> – ≥ 1 relapse within the previous 2 years; OR – Member has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI 	

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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*****Definitive diagnosis of CIS is based upon ALL 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.