

MEMBER INFO		PRESCRIBER INFO	
First Name:		First Name:	
Last Name:		Last Name:	
DOB:		NPI:	
Phone:		Phone:	
Address:		Fax:	
REQUIRED INFORMATION			
IMPORTANT: Review will <u>NOT</u> proceed until <u>ALL</u> fields are completed and clinical notes are less than 90 days old.			
ICD-10 code(s)		Health Insurance plan and Member ID	
Drug need by date		Current patient weight (KG) and height (cm)	
Is the member pregnant or may soon become pregnant?		For oncology cases, treatment plan and cycle schedule	
Drug Requested (strength, direction of use, quantity, duration), Infusion (circle if infusion)			
Current relevant disease activity assessments e.g., Vectra DA for Rheumatoid Arthritis, BSA <u>and</u> PASI for psoriasis, DAPSA for psoriatic arthritis, CDAI or Fecal Calprotectin or colonoscopy for IBD, EDSS for multiple sclerosis, Spirometry for Asthma etc.			



Therapy Planning Request

TERMS AND CONDITIONS

1. VIVIO neither is in the practice of medicine nor is a substitute for the independent medical judgment of a treating provider. Only a treating provider can determine what medications are appropriate for the patient.
2. VIVIO's program only covers certain drugs approved by the FDA for marketing and use in the USA. Since the FDA does not have objective standards on efficacy and effectiveness of drug therapies, determinations of investigational or experimental classification are made by VIVIO using their proprietary algorithms and methods.
3. I certify that this Therapy Planning Form is accurate and truthful to the best of my knowledge and does not contain any false, fictitious, or fraudulent statements. I additionally certify that this form has been completed by the prescriber or authorized personnel.
4. If this Therapy Planning Request form is filled out and returned, VIVIO considers this to be implicit agreement of these terms and conditions, regardless of signature.

I AGREE TO THESE TERMS AND CONDITIONS

Prescriber's Signature: _____ Date: _____

FAX the completed form and clinical records to VIVIO at (888) 677-6754. For questions or urgent requests call (925) 365-6600.

Therapy Planning Request

Provider FAQs

Thank you for partnering with VIVIO to plan this patient's care. Your responsiveness and expertise are greatly appreciated to ensure the member receives the appropriate care quickly.

Who is VIVIO?

- VIVIO is an administrator for employer-sponsored group health plans for the reimbursement of specialty medications.
- VIVIO is a Public Benefit Corporation and functions purely as a data analysis platform for drug trials, patient data and drug pricing. We are financially independent and are not compensated any more or less based on approval or denial of drugs.
- Our goal is to ensure that every patient receives effective therapy at a fair market price on behalf of the employer and their employees.
- VIVIO does not utilize a formulary. Any treatment with supporting evidence can be considered. Our therapy plan review applies drug trial data in the context of each patient's unique history using our analytics platform.
- Is VIVIO the specialty pharmacy?
- No. VIVIO does not provide any healthcare services. We function as a data intermediary and partner with various pharmacies such as Walmart Specialty Pharmacy, AllianceRx Walgreens Specialty, Health Warehouse, Accredo and others as required for limited distribution drugs.
- How do I get an authorization for a specialty drug?
- VIVIO requires the following to complete our data review. Please fax the requested data to 888-677-6754 within two days to ensure a timely review for the patient.
 - A fully completed and signed Therapy Plan Request (TPR) Form which is attached to this fax.
 - All recent patient notes within 90 days.
 - Providers can simply export the patient's EMR records. Please include current and relevant disease activity assessments e.g., Vectra DA for Rheumatoid Arthritis, BSA and PASI for psoriasis, DAPSA for psoriatic arthritis, CDAI or Fecal Calprotectin or colonoscopy for IBD, EDSS and MRI reports for multiple sclerosis, Spirometry for Asthma, imaging and biomarkers for oncology etc.
- **Please note:** VIVIO's data review process cannot begin until this information is provided. A delay in submission could extend the time required for the member to receive therapy. VIVIO's standard turnaround time is 3 to 5 business days once the required information is received.
- Would VIVIO recommend an alternative to what was originally prescribed?
- For a minority of cases, VIVIO may make an alternate recommendation. There are various reasons why an alternate determination is made. As a reminder, VIVIO makes no additional compensation based on drug approval or denial.
- Availability of data which supports therapy effectiveness.
- Total therapy cost: VIVIO's clients, the self-funded employers who pay most drug costs, are happy to pay for effective therapy. An alternate determination can occur if a different therapy is available with data supporting similar or better clinical outcomes at a lower total cost. For example, a member with Rheumatoid Arthritis could be eligible for use of any ONE of the below therapies within a drug class. VIVIO will default to the most cost-effective and appropriate therapy given relevant clinical history:
 - Avsola IV (Infliximab) - \$5,710/yr
 - Cimzia SC (Certolizumab pegol) - \$8,590/yr
 - Humira (Adalimumab) - \$25,768/yr



Therapy Planning Request

- Simponi SC (Golimumab) - \$33,828/yr
- **Please note:** Since VIVIO's determinations are purely based on data, approval from the FDA, NCCN, ACR or other stated guidelines are not considered substitutes for evidence of drug efficacy.
- Who can I contact with questions?
- Please contact VIVIO with any questions:
VIVIO phone: 800-470-4034
VIVIO fax: 888-677-6754

Contact VIVIO: Phone 800-470-4034 | Fax: 888-677-6754