Cigna®

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Actemra, Avtozma, Tyenne
(*tocilizumab IV*)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician's 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:
☐ Actemra 80mg/4ml vial
☐ Actemra 162mg/0.9ml syringe
☐ Avtozma 80mg/4ml vial
☐ Tyenne 200mg/10ml vial
☐ Actemra 200mg/10ml vial
☐ Actemra Actpen 162mg/0.9ml pen injector
☐ Avtozma 200mg/10ml vial
☐ Tyenne 400mg/20ml vial
☐ Actemra 400mg/20ml vial
☐ Avtozma 400mg/20ml vial

Dose and Quantity: Duration of therapy: J-Code:

Frequency of administration: ICD10:

What is your patient's current weight? _____kg/lb

Is this a new start or continuation of therapy? ☐ new start of therapy ☐ continued therapy

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforhcp.com] to determine benefit availability and the terms and conditions of coverage)

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Retail pharmacy
☐ Other (please specify):
☐ Home Health / Home Infusion vendor
☐ Physician's office stock (billing on a medical claim form)
***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):

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?

☐ Castleman disease
☐ COVID 19 (Coronavirus Disease 2019)
☐ Crohn's Disease
☐ Cytokine release syndrome associated with bispecific antibodies
☐ Cytokine Release Syndrome (CRS) associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy
☐ Giant Cell Arteritis
☐ Graft-versus-host disease (GVHD)
☐ Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy. Examples of checkpoint inhibitors are Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Yervoy (ipilimumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), and Libtayo (cemiplimab-rwlc intravenous infusion)
☐ Polyarticular Juvenile Idiopathic Arthritis (pJIA)
☐ Polymyalgia Rheumatica
☐ Rheumatoid Arthritis (RA)
☐ Still's disease, adult onset Note: Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient less than 18 years of age, refer to the SJIA indication
☐ Systemic Juvenile Idiopathic Arthritis (sJIA) Note: Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient greater than or equal to 18 years of age, refer to AOSD indication
☐ Vacuoles E1 enzyme X-linked autoinflammatory somatic (VEXAS) syndrome
☐ All other indications or diagnosis

Clinical Information:

<u>If Rheumatoid Arthritis:</u>

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) (brand or generic; oral or injectable) for at least 3 months? Please Note: Examples of conventional synthetic DMARDs are methotrexate [oral or injectable], leflunomide, sulfasalazine, and hydroxychloroquine. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried one biologic for at least 3 months? Please Note: Examples of biologics used for rheumatoid arthritis are Cimzia, an etanercept product (for example, Enbrel, biosimilars), an adalimumab product (for example Humira, biosimilars), an infliximab IV product (for example, Remicade, biosimilars), Kevzara, Orencia (IV or SC), Simponi (Aria or SC), Kineret, and a rituximab product (for example, Rituxan, biosimilars). ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Please Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI). ☐ Yes ☐ No

(if currently receiving 6+mo) Has the patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? ☐ Yes ☐ No

If Castleman disease:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Does the patient have unicentric disease? ☐ Yes ☐ No

(if unicentric disease) Is the patient negative for the human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV-8)? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with an oncologist or hematologist? ☐ Yes ☐ No

(if currently receiving 6+mo) Has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication) when assessed by at least one objective measure? Please Note: Examples of objective measures include clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate, fibrinogen, albumin, and/or hemoglobin), increased body mass index, and/or reduction in lymphadenopathy. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to initiating the requested medication) has the patient experienced an improvement in at least one symptom, such as improvement or resolution of constitutional symptoms (for example, fatigue, physical function)? ☐ Yes ☐ No

If Giant Cell Arteritis:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried or is currently taking a systemic corticosteroid, or are systemic corticosteroids contraindicated? Please Note: An example of a systemic corticosteroid is prednisone. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication being prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product)? Please Note: Examples of objective measures are serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to receiving a tocilizumab product), has the patient experienced an improvement in at least one symptom, such as decreased headache, scalp, or jaw pain; decreased fatigue, and/or improved vision? ☐ Yes ☐ No

If Polymyalgia Rheumatica:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)

☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried one systemic corticosteroid? Please Note: An example of a systemic corticosteroid is prednisone. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product)? Please Note: Examples of objective measures are serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to receiving a tocilizumab product), has the patient experienced an improvement in at least one symptom, such as decreased shoulder, neck, upper arm, hip, or thigh pain or stiffness; improved range of motion; and/or decreased fatigue? ☐ Yes ☐ No

If Still's disease:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) Has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication) when assessed by at least one objective measure? Please Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to initiating the requested medication), has the patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness,or swelling; decreased fatigue; improved function or activities of daily living? ☐ Yes ☐ No

If Systemic juvenile idiopathic arthritis:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug)? Please Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to initiating the requested drug), has the patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living? ☐ Yes ☐ No

If Polyarticular juvenile idiopathic arthritis:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried one other systemic therapy for this condition? Please Note: Examples of other systemic therapies include methotrexate (MTX), sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID), or a biologic disease-modifying antirheumatic drug (DMARD; for example, an adalimumab product [for example, Humira, biosimilars], an etanercept product [for example, Enbrel, biosimilars], an infliximab product [for example, Remicade, biosimilars], Kineret [anakinra SC injection], Orencia [abatacept IV infusion, abatacept SC injection]). ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Will the patient be starting on a tocilizumab intravenous product concurrently with methotrexate (MTX), sulfasalazine, or leflunomide? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Does the patient have an absolute contraindication to methotrexate (MTX), sulfasalazine, or leflunomide? Please Note: Examples of absolute contraindication to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, and blood dyscrasias. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Does the patient have aggressive disease, as determined by the prescriber? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product)? Please Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to receiving a tocilizumab product), has the patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living? ☐ Yes ☐ No

If Cytokine release syndrome (CRS) associated with chimeric antigen receptor (CAR) T-cell therapy:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the requested medication being prescribed for a patient who has been or will be treated with a chimeric antigen receptor (CAR) T-cell therapy? Please Note: Examples of CAR T-cell therapy include Abecma (idecabtagene vicleucel injection), Aucatzyl (obecabtagene autoleucel), Breyanzi (lisocabtagene maraleucel intravenous infusion), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene ciloleucel intravenous infusion).
☐ Yes ☐ No

If Cytokine release syndrome associated with bispecific antibodies:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the requested medication being prescribed for a patient who has been or will be treated with a bispecific antibody? Please Note: Examples of bispecific antibodies include: Elrexfio (elranatamab-bcmm subcutaneous injection), Lynozyfic (linvoseltamab-gcpt intravenous infusion), Talvey (talquetamab-tgvs subcutaneous injection), and Tecvayli (teclistamab-cqyv subcutaneous injection).
☐ Yes ☐ No

If Immunotherapy-Related Toxicities Associated with checkpoint inhibitor therapy: Note: Examples of checkpoint inhibitors include Keytruda (pembrolizumab IV infusion), Opdivo (nivolumab IV infusion), Yervoy (ipilimumab IV infusion), Tecentriq (atezolizumab IV infusion), Bavencio (avelumab IV infusion), Imfinzi (durvalumab IV infusion), and Libtayo (cemiplimab-rwlc IV infusion).

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), or Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) According to the prescriber, has the patient developed an immunotherapy-related toxicity? ☐ Yes ☐ No

(if yes) Has the patient developed this immunotherapy-related toxicity while receiving a checkpoint inhibitor? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the patient symptomatic despite a trial of at least ONE systemic corticosteroid? Please Note: Examples of a systemic corticosteroid include methylprednisolone and prednisone. ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication prescribed by or in consultation with a rheumatologist, hepatologist, gastroenterologist, pulmonologist, or oncologist? ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Please Note: Examples of objective measures are dependent upon organ involvement but may include clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate) or laboratory parameters (for example, liver function tests) and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to initiating the requested medication), has the patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness,or swelling; decreased fatigue; improved function or activities of daily living? ☐ Yes ☐ No

If Graft-Versus-Host Disease (GVHD):

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?

☐ Biologic (an adalimumab product [Humira, biosimilar], Bimzelx, Cimzia, Cosentyx (IV or SC), an etanercept SC product [Enbrel, biosimilar], Entyvio (IV or SC), Ilumya, an infliximab IV product [Remicade, biosimilar], Kevzara, Kineret, Omvoh (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC], an ustekinumab product [Stelara (IV or SC), biosimilar], Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), or Zymfentra.

☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)

☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)

☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab intravenous product ☐ Yes ☐ No

Has the patient already received at least 1 month of therapy with a tocilizumab intravenous product? Please Note: Answer No if the patient has received less than 1 month of therapy or if the patient is restarting therapy with a tocilizumab intravenous product. ☐ Yes ☐ No

(if new start or currently receiving less than 1 mo) Does the patient have acute graft-versus-host disease? ☐ Yes ☐ No

(if new start or currently receiving less than 1 mo) Has the patient tried at least one systemic medication for graft-versus-host disease? Examples of systemic medications include corticosteroids (for example, methylprednisolone), antithymocyte globulin, cyclosporine, tacrolimus, mycophenolate mofetil, Jakafi (ruxolitinib), Simulect (basiliximab), an etanercept product, an infliximab product, sirolimus, Nipent (pentostatin), and Entyvio (vedolizumab). ☐ Yes ☐ No

(if new start or currently receiving less than 1 mo) Is the requested medication prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center? ☐ Yes ☐ No

(if currently receiving 1+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Please Note: Examples of objective measures are normalization of liver function tests, red blood cell count, or platelet count; or resolution of fever or rash. ☐ Yes ☐ No

(if currently receiving 1+mo) Compared with baseline (prior to initiating the requested medication), has the patient experienced an improvement in at least one symptom, such as improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms (for example, nausea, vomiting, anorexia)? ☐ Yes ☐ No

If Vacuoles E1 enzyme X-linked autoinflammatory somatic (VEXAS) syndrome:

Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic oral small molecule drug?
☐ Biologic (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 (IV or SC), Orencia [IV or SC], a rituximab IV product [Rituxan, biosimilar], Skyrizi (IV or SC), Siliq, Simponi [Aria or SC]), Taltz, a tocilizumab product [Actemra (SC), biosimilar], Tremfya (IV or SC), an ustekinumab product (Stelara IV or SC, biosimilar), Zymfentra.
☐ Targeted synthetic oral small molecule drug (such as Cibinqo, Leqselvi, Litfulo, Sotyktu, Olumiant, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

Is the patient currently receiving a tocilizumab (subcutaneous or intravenous) product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with a tocilizumab (subcutaneous or intravenous) product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with a tocilizumab (subcutaneous or intravenous) product. ☐ Yes ☐ No

(if currently receiving 6+mo) When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug)? - Please Note: Examples of objective measures include resolution of fever, improvement in skin manifestations, clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

(if currently receiving 6+mo) Compared with baseline (prior to initiating the requested drug), has the patient experienced an improvement in at least one symptom, such as decreased joint pain, decreased fatigue, decreased cough and/or dyspnea, improved ocular symptoms, and/or improved function or activities of daily living? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Does the patient have a molecular genetic test demonstrating pathogenic or likely pathogenic UBA1 gene variant? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Has the patient tried or is the patient taking a systemic corticosteroid? ☐ Yes ☐ No
(If no) Are systemic corticosteroids contraindicated? ☐ Yes ☐ No

(if new start or currently receiving less than 6mo) Is the medication being prescribed by or in consultation with a rheumatologist, hematologist, dermatologist, immunologist, or specialist in the treatment of autoinflammatory conditions? ☐ Yes ☐ No

Additional 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:**_____

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