Cigna®

Tofidence
(tocilizumab)

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

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:

☐ Tofidence 80 mg/4 mL solution for injection
☐ Tofidence 200 mg/10 mL solution for injection
☐ Tofidence 400 mg/20 mL solution for injection

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

Frequency of administration: ICD10:

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*

***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 your patient's diagnosis?

☐ Rheumatoid arthritis
☐ Castleman disease
☐ Giant cell arteritis
☐ Polymyalgia rheumatica
☐ Still's disease, adult onset (AOSD) (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 Stills disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient great than or equal to 18 years of age, refer to AOSD indication)
☐ Polyarticular juvenile idiopathic arthritis
☐ Cytokine release syndrome (CRS) with chimeric antigen receptor (CAR) T-cell therapy
☐ Cytokine release syndrome associated with bispecific antibodies
☐ 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).
☐ Crohn's disease
☐ COVID-19 (Coronavirus Disease 2019)
☐ Vacuoles E1 enzyme X-linked autoinflammatory somatic (VEXAS) syndrome
☐ All other indications or diagnoses

Clinical Information:

For ALL patients:

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 SC 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]), ustekinumab [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 documentation being provided that the patient has tried ALL of the following: Actemra intravenous, Avtozma intravenous, and Tyenne intravenous? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

(if yes) Is documentation being provided that the patient cannot continue to use the Preferred medications due to a formulation difference in the inactive ingredient(s) [for example, differences in stabilizing agent, buffering agent, and/or surfactant], which according to the prescriber, would result in a significant allergy or serious adverse reaction? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

IF RA only:

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

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

(if new start or less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if cont at least 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 no beneficial response) 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's disease:

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 Still's disease:

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

(if currently on tocilizumab) 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 less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if cont at least 6 mo) Has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug) 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 no beneficial response) 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 SJIA only:

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

(if currently on tocilizumab) 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 less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if cont at least 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 no beneficial response) 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 PJIA only:

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

(if currently on tocilizumab) 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 less than 6 months of therapy) 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; an adalimumab product [Humira, biosimilars], an etanercept product [Enbrel, biosimilars], an infliximab product Remicade, biosimilars], Kineret [anakinra SC injection], Orencia [abatacept IV infusion, abatacept SC injection]). ☐ Yes ☐ No

(if no systemic therapy) Will the patient be starting on a tocilizumab intravenous product concurrently with methotrexate (MTX), sulfasalazine, or leflunomide? ☐ Yes ☐ No

(if no concurrent tx) 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 no contraindication) Does the patient have aggressive disease, as determined by the prescriber? ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if cont at least 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 no beneficial response) 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 Giant Cell Arteritis only:

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

(if currently on tocilizumab) 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 less than 6 months of therapy) Has the patient tried a systemic corticosteroid OR is the patient currently taking a systemic corticosteroid? Please Note: An example of a systemic corticosteroid is prednisone.
☐ Yes ☐ No

(if no) Are systemic corticosteroids contraindicated in this patient? ☐ Yes ☐ No

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

(if cont at least 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 cont at least 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 Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy only:

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

(if currently on tocilizumab) Has the patient already received at least 6 months of therapy with a tocilizumab 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 intravenous product. ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Has the patient developed an immunotherapy-related toxicity, according to the prescriber? ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Has the patient developed this immunotherapy-related toxicity while receiving a checkpoint inhibitor? ☐ Yes ☐ No

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

(if cont at least 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 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 no beneficial response) 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 Polymyalgia rheumatica only:

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

(if currently on tocilizumab) 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 less than 6 months of therapy) Has the patient tried one systemic corticosteroid? Please Note: An example of a systemic corticosteroid is prednisone. ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist? ☐ Yes ☐ No

(if cont at least 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 cont at least 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 Graft-versus-host disease only:

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

(if currently on tocilizumab) Has the patient been established on a tocilizumab product for at least 1 month? 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 product. ☐ Yes ☐ No

(if cont at least 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 drug)? Please Note: An example of objective measures is normalization of liver function tests, red blood cell count, or platelet count, or resolution of fever or rash. ☐ Yes ☐ No

(if no) Compared with baseline (prior to initiating the requested drug), 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 no tocilizumab x 1 mo) Does the patient have acute graft-versus-host disease? ☐ Yes ☐ No

(if no tocilizumab x 1 mo) Has the patient tried at least one systemic medication for graft-versus-host disease? Please Note: Examples of systemic medications include corticosteroids (for example, methylprednisolone), antithymocyte globulin, cyclosporine, tacrolimus, mycophenolate mofetil, Jakafi (ruxolitinib), Simulect (basiliximab), an etanercept product, sirolimus, Nipent (pentostatin), a tocilizumab product, and Entyvio (vedolizumab). ☐ Yes ☐ No

(if no tocilizumab x 1 mo) Is the requested medication being prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center? ☐ Yes ☐ No

IF CRS with chimeric antigen receptor (CAR) T-cell therapy only:

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 intravenous infusion), Aucatzyl (obecabtagene autoleucel intravenous infusion), Breyanzi (lisocabtagene maraleucel intravenous infusion), Carvykti (ciltacabtagene autoleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene ciloleucel intravenous infusion). ☐ Yes ☐ No

IF CRS associated with bispecific antibodies:

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

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?

(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 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:**_____

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