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

Cimzia
(certolizumab pegol)

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:
☐ Cimzia 200 mg single-dose vial (NDC 50474 0700 62) ☐ Cimzia 200mg prefilled kit (NDC 50474 0710 79)
☐ Cimzia 400mg/2ml syringe kit (NDC 50474 0710 81)

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

Frequency of administration: ICD10:

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

☐ Biologic (an adalimumab product [Humira, biosimilar], Bimzelx, 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 (IV or 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, Rinvoq, Rinvoq LQ, Xeljanz, Xeljanz XR, Velsipity, or Zeposia.)
☐ Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)
☐ No, this medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug

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

Diagnosis related to use:

☐ ankylosing spondylitis (AS)
☐ Crohn's disease (CD)
☐ non-radiographic axial spondyloarthritis (nr-axSpA)
☐ plaque psoriasis (CPP)
☐ psoriatic arthritis (PsA)
☐ rheumatoid arthritis (RA)
☐ spondyloarthritis (non-axial disease): reactive arthritis (Reiter's disease) and undifferentiated arthritis
☐ other (Please specify):

Clinical Information:

Is the patient currently receiving the requested medication? ☐ Yes ☐ No

If Yes, how many months of therapy has the patient already received with the requested medication?
☐ 1 mos or less
☐ 2 mos or less
☐ 3 mos or less
☐ 4 mos or less
☐ 5 mos or less
☐ 6 mos or more

For diagnosis of Ankylosing spondylitis :

If patient is a new start or has received less than 6 months of Cimzia :

Is the medication being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

If No, compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living? ☐ Yes ☐ No

For all patients:

Is documentation being provided to confirm that the patient has tried TWO of the following? PLEASE NOTE: Medical documentation specific to your response to this question must be attached to this case or your request could be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts. Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry), Enbrel, Rinvoq, Taltz, Xeljanz or Xeljanz XR. ☐ Yes ☐ No

If No, is the prescriber verifying that the patient has been receiving Cimzia for at least 90 days? ☐ Yes ☐ No

If Yes, is the prescriber verifying that the patient has been receiving Cimzia via paid claims (for example, patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia)? ☐ Yes ☐ No

For diagnosis of Crohn's:

If patient is a new start or has received less than 6 months of Cimzia :

Has the patient tried corticosteroids, or is the patient currently on corticosteroids, or are corticosteroids contraindicated in this patient? ☐ Yes ☐ No

If No, has the patient tried one other conventional systemic therapy for Crohn's disease? Examples of systemic therapies for Crohn's disease include azathioprine, 6-mercaptopurine, and methotrexate. A trial of mesalamine does not count as a systemic agent for Crohn's disease. ☐ Yes ☐ No

If No, has the patient had a previous trial of one the following biologics?

- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Entyvio
- Infliximab (such as Remicade, Avsola, Inflectra, Renflexis, Zymfentra)
- Omvoh
- Skyrizi
- Tremfya subcutaneous
- Ustekinumab product IV/SC (such as Stelara, Selarsdi, ustekinumab-ttwe, Yesintek)

☐ Yes
☐ No

If No, does the patient have enterocutaneous (perianal or abdominal) or rectovaginal fistulas? ☐ Yes ☐ No

If No, has the patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence)? ☐ Yes ☐ No

Is the requested medication prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Examples of objective measures include fecal markers (e.g., fecal lactoferrin, fecal calprotectin), serum markers (for example, C-reactive protein), imaging studies (magnetic resonance enterography [MRE], computed tomography enterography [CTE]), endoscopic assessment, and/or reduced dose of corticosteroids. ☐ Yes ☐ No

If No, compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or blood in stool? ☐ Yes ☐ No

For all patients:

Has the patient tried one Adalimumab product? Examples include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry. ☐ Yes ☐ No

If No, is the prescriber verifying that the patient has been receiving Cimzia for at least 90 days? ☐ Yes ☐ No

If Yes, is the prescriber verifying that the patient has been receiving Cimzia via paid claims (for example, patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia)?

For diagnosis of Non-radiographic axial spondyloarthritis:

If patient is a new start or has received less than 6 months of Cimzia :

Does the patient have objective signs of inflammation, defined as: a C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory? ☐ Yes ☐ No

If No, does the patient have objective signs of inflammation, defined as: sacroiliitis reported on magnetic resonance imaging (MRI)? ☐ Yes ☐ No

Is the medication being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

If No, compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living? ☐ Yes ☐ No

If diagnosis of Plaque psoriasis:

If patient is a new start or has received less than 3 months of Cimzia :

Has the patient tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant? Examples of traditional systemic agents for psoriasis include methotrexate (MTX), cyclosporine, or acitretin tablets. A 3-month trial of psoralen plus ultraviolet A light (PUVA) also counts. ☐ Yes ☐ No

If No, has the patient already had a 3-month trial or previous intolerance to at least ONE of the following biologics?

- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Cosentyx
- Enbrel
- Ilumya
- Infliximab (such as Remicade, Avsola, Inflectra, Renflexis)
- Siliq
- Skyrizi
- Taltz
- Tremfya
- Ustekinumab SC product (Stelara, Wezlana, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, Yesintek)

☐ Yes
☐ No

If No, does the patient have a contraindication to methotrexate, as determined by the prescriber? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a dermatologist? ☐ Yes ☐ No

If patient received 3 months or more of Cimzia :

Has the patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested medication) in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis? ☐ Yes ☐ No

Compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning? ☐ Yes ☐ No

For all patients:

Is documentation being provided to confirm that the patient has tried TWO of the following? PLEASE NOTE: Medical documentation specific to your response to this question must be attached to this case or your request could be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Cosentyx SC
- Enbrel
- Otezla
- Skyrizi SC
- Sotyktu
- Taltz
- Tremfya SC
- Ustekinumab SC product (Stelara, Wezlana, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, Yesintek)

☐ Yes ☐ No

If No, is the prescriber verifying that the patient has been receiving Cimzia for at least 90 days? ☐ Yes ☐ No

If Yes, is the prescriber verifying that the patient has been receiving Cimzia via paid claims (for example, patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia)? ☐ Yes ☐ No

If diagnosis of Psoriatic arthritis:

If patient is a new start or has received less than 6 months of Cimzia :

Is the medication being prescribed by, or in consultation with, a rheumatologist or a dermatologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

If no, compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths)? ☐ Yes ☐ No

For all patients:
Is documentation being provided to confirm that the patient has tried TWO of the following? PLEASE NOTE: Medical documentation specific to your response to this question must be attached to this case or your request could be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Cosentyx SC
- Enbrel
- Otezla
- Rinvoq or Rinvoq LQ
- Skyrizi SC
- Taltz
- Tremfya SC
- Xeljanz or Xeljanz XR
- ustekinumab SC product (Stelara, Wezlana, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, Yesintek)

☐ Yes
☐ No

If No, is the prescriber verifying that the patient has been receiving Cimzia for at least 90 days? ☐ Yes ☐ No

If Yes, is the prescriber verifying that the patient has been receiving Cimzia via paid claims (for example, patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia)? ☐ Yes ☐ No

For diagnosis of Rheumatoid arthritis:

If patient is a new start or has received less than 6 months of Cimzia:
Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months? Examples of conventional synthetic DMARDs are methotrexate [oral or injectable], leflunomide, sulfasalazine, and hydroxychloroquine. ☐ Yes ☐ No

If No, has the patient already had a 3-month trial of at least ONE of the following biologics?

- Actemra IV or SC
- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Enbrel
- Infliximab (such as Remicade, Avsola, Inflectra, Renflexis)
- Kevzara
- Kineret
- Orencia IV or SC
- Rituximab (such as Rituxan, Riabni, Ruxience, Truxima)
- Simponi SC or Simponi Aria

☐ Yes
☐ No

Is the medication being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :

Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? 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, 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

For all patients :
Is documentation being provided to confirm that the patient has tried TWO of the following? PLEASE NOTE: Medical documentation specific to your response to this question must be attached to this case or your request could be denied. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

- Adalimumab (such as Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi,

adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
- Enbrel
- Rinvoq
- Tocilizumab SC (such as Actemra, Tyenne)
- Xeljanz or Xeljanz XR

☐ Yes
☐ No

If No, is the prescriber verifying that the patient has been receiving Cimzia for at least 90 days? ☐ Yes ☐ No

If Yes, is the prescriber verifying that the patient has been receiving Cimzia via paid claims (for example, patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia)? ☐ Yes ☐ No

For diagnosis of Spondyloarthritis:

If patient is a new start or has received less than 6 months of Cimzia :
Does the patient have arthritis primarily in the knees, ankles, elbows, wrists, hands and/or feet? ☐ Yes ☐ No

Has the patient tried at least ONE conventional synthetic DMARD? Examples include methotrexate (MTX), leflunomide, and sulfasalazine. ☐ Yes ☐ No

Is the medication being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

If patient received 6 months or more of Cimzia :
When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication)? Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS) and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

If No, compared with baseline (prior to receiving the requested medication), has the patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living? ☐ Yes ☐ No

Additional pertinent information: *Please include any alternatives tried, with drug name, date(s) taken and for how long, and what the documented results were of taking this drug, including any intolerances or adverse reactions your patient experienced.*

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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