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)
☐ Inflammatory arthritis 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)
☐ 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 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, 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

For 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 (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 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

Is the patient currently receiving Tofidence intravenous? ☐ Yes ☐ No

(if new start OR not currently on Tofidence IV) Has the patient tried BOTH of Actemra intravenous and Tyenne intravenous? ☐ Yes ☐ No

(if yes) Is the patient unable to continue to use each of 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? ☐ Yes ☐ No

For Castleman's disease 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 patient negative for the human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV-8)? ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Is the medication being used for relapsed or refractory disease? ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Is the medication prescribed by or in consultation with an oncologist or hematologist? ☐ 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 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 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 improvement or resolution of constitutional symptoms (for example, fatigue, physical function)? ☐ Yes ☐ No

For Still's disease 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) 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

For 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 a tocilizumab (subcutaneous or intravenous product)? 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 a tocilizumab (subcutaneous or intravenous product), 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

Is the patient currently receiving Tofidence intravenous? ☐ Yes ☐ No

(if new start OR not currently on Tofidence IV) Has the patient tried BOTH of Actemra intravenous and Tyenne intravenous? ☐ Yes ☐ No

(if yes) Is the patient unable to continue to use each of 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? ☐ Yes ☐ No

For 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; 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 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

For CRS 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 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

For 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 (subcutaneous or intravenous 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 (subcutaneous or intravenous 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

For Inflammatory Arthritis 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 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) Has the patient tried at least ONE systemic nonsteroidal anti-inflammatory agent (NSAID)? Please Note: Examples of a systemic NSAIDs include ibuprofen and naproxen. ☐ Yes ☐ No

(if new start or less than 6 months of therapy) Is the medication prescribed by or in consultation with a rheumatologist or an 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 include 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 receiving 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

For 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 (subcutaneous or intravenous 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 (subcutaneous or intravenous 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

Additional Pertinent Information: *Please provide clinical rationale for the use of this drug for your patient (pertinent patient history, alternatives tried, any inability to use alternatives above or standard therapy, etc). Please include drug name(s), date(s) taken and for how long, and what the documented results were of taking each 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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Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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