Cigna®

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

Tyenne vial
(tocilizumab)

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:

☐ Tyenne intravenous (tocilizumab) 80 MG/4 ML vial
☐ Tyenne intravenous (tocilizumab) 200 MG/10 ML vial
☐ Tyenne intravenous (tocilizumab) 400 MG/20 ML vial

ICD10:

Directions for use:
Quantity:
Duration of Therapy:

Is this a new start or continuation of therapy with the requested medication? If patient has been taking samples, please pick "new start".
☐ New start
☐ Continuation of therapy

(if continuation of therapy) Has your patient had a good response to therapy with this drug? (see below for examples)

1. Giant Cell Arteritis: Improvement in serum markers (such as, C-reactive protein, and erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids.
2. Inflammatory Arthritis Assoc. with Checkpoint Inhibitor therapy: Less joint pain, morning stiffness, or fatigue, improved function or activities of daily living, decreased soft tissue swelling in joints or tendon sheaths, improved laboratory values, reduced dosage of corticosteroids.
3. Polyarticular Juvenile Idiopathic Arthritis: Improvement in limitation of motion; less joint pain or tenderness; improved function or activities of daily living; decreased duration of morning stiffness or fatigue; reduced dosage of corticosteroids; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values.
4. Polymyalgia Rheumatica: Decreased shoulder, neck, upper arm, hip, or thigh pain or stiffness; improved range of motion; and/or decreased fatigue, improvement in serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), resolution of fever, or reduced dosage of corticosteroids.
5. Rheumatoid Arthritis: Less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids.
6. Still's Disease: 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), reduced dosage of corticosteroids, less joint pain/tenderness, stiffness, or swelling, decreased fatigue and/or improved function or activities of daily living.
7. Systemic Juvenile Idiopathic Arthritis: Improvement in limitation of motion; less joint pain or tenderness; improved function or activities of daily living; decreased duration of morning stiffness or fatigue; reduced dosage of corticosteroids; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values.

Notes: You may answer yes if there is a previously approved EOC, overturned appeals, or paid pharmacy claims for this medication. ☐ Yes ☐ No

(if no) Please provide clinical support for continued use of Tyenne.

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:

☐ Crohn's Disease
☐ Cytokine Release Syndrome (CRS) associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy [Examples of CAR T-cell therapy include Abecma (idecabtagene vicleucel injection), Breyanzi (lisocabtagene maraleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene ciloleucel intravenous infusion)]
☐ Giant Cell Arteritis (GCA) (temporal arteritis)
☐ Inflammatory Arthritis Associated with Checkpoint Inhibitor Therapy
☐ Polyarticular Juvenile Idiopathic Arthritis (pJIA)
☐ Polymyalgia Rheumatica
☐ Rheumatoid Arthritis (RA)
☐ Still's Disease
☐ Systemic Juvenile Idiopathic Arthritis (sJIA)
☐ other (please specify):

Clinical Information:

(if Giant Cell) The covered alternatives are systemic corticosteroids (for example, prednisone). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Giant Cell) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one systemic corticosteroid, but it didn't work well enough.
☐ The patient tried a systemic corticosteroid, but they did not tolerate it.
☐ The patient cannot try a systemic corticosteroid because of a contraindication to this drug.
☐ Other

(if Giant Cell) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in Giant Cell Arteritis? ☐ Yes ☐ No

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) Has the patient developed inflammatory arthritis while receiving a checkpoint inhibitor [for example, Keytruda (pembrolizumab IV infusion), Opdivo (nivolumab IV infusion), Yervoy (ipilimumab IV infusion), Tecentriq (atezolizumab IV infusion), Bavencio (avelumab IV infusion), Imfinzi (durvalumab IV infusion), or Libtayo (cemiplimab-rwlc intravenous infusion)]? ☐ Yes ☐ No

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) The covered alternatives are systemic corticosteroids (for example, methylprednisolone, prednisone). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one systemic corticosteroid, but it didn't work well enough.
☐ The patient tried a systemic corticosteroid, but they did not tolerate it.
☐ The patient cannot try a systemic corticosteroid because of a contraindication to this drug.
☐ Other

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) The covered alternatives are nonsteroidal anti-inflammatory drugs (NSAIDs) (for example, ibuprofen, naproxen). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one NSAID, but it didn't work well enough.
☐ The patient tried one NSAID, but they did not tolerate it.
☐ The patient cannot try an NSAID because of a contraindication to this drug.
☐ Other

(if Inflammatory Arthritis w/ Checkpoint Inhibitor) Is this medication being prescribed by, or in consultation with, a rheumatologist or an oncologist? ☐ Yes ☐ No

(if pJIA) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in Polyarticular Juvenile Idiopathic Arthritis (pJIA)? ☐ Yes ☐ No

(if Polymyalgia Rheumatica) The covered alternatives are systemic corticosteroids (for example, prednisone). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Polymyalgia Rheumatica) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one systemic corticosteroid, but it didn't work well enough.
☐ The patient tried a systemic corticosteroid, but they did not tolerate it.
☐ The patient cannot try a systemic corticosteroid because of a contraindication to this drug.
☐ Other

(if Polymyalgia Rheumatica) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in Polymyalgia Rheumatica? ☐ Yes ☐ No

(if RA) Has your patient already tried a biologic or targeted synthetic DMARD for Rheumatoid Arthritis [for example, Actemra, Cimzia, Enbrel, Humira, Infliximab (Avsola, Inflectra, Remicade, Renflexis), Kevzara, Kineret, Olumiant, Orencia, Rinvoq, Rituximab (Riabni, Rituxan, Rituxan Hycela, Ruxience, Truxima), Simponi, Simponi Aria, Xeljanz tablets, Xeljanz XR]? ☐ Yes ☐ No

(if RA and no previous biologic or targeted synthetic DMARD) The covered alternatives are conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) (for example, methotrexate, hydroxychloroquine, leflunomide, sulfasalazine). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if RA) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?
☐ The patient tried ONE csDMARD, but it didn't work well enough.
☐ The patient tried csDMARD therapy, but they did not tolerate it.
☐ The patient cannot try csDMARD therapy because of a contraindication.
☐ Other
(if RA) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in rheumatoid arthritis? ☐ Yes ☐ No

(if Still's) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in Still's Disease? ☐ Yes ☐ No

(if Still's) Has your patient already tried a biologic for Still's Disease? ☐ Yes ☐ No

(if Still's and has not already tried a biologic) The covered alternatives are corticosteroids (for example, prednisone). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Still's) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one corticosteroid, but it didn't work well enough.
☐ The patient tried a corticosteroid, but they did not tolerate it.
☐ The patient cannot try a corticosteroid because of a contraindication to this drug.
☐ Other

(if Still's and has not already tried a biologic) The covered alternatives are conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) (for example, methotrexate). For the alternatives tried, please include drug name and strength, 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. For the alternatives NOT tried, please provide details why your patient can't try that drug.

(if Still's) Per the information provided above, which of the following is true for your patient in regard to the covered alternatives?

☐ The patient tried one alternative for at least 2 months, but it didn't work well enough.
☐ The patient tried one alternative, but they did not tolerate it.
☐ The patient cannot try one alternative because of a contraindication to this drug.
☐ Other

(if sJIA) Is this medication being prescribed by, or in consultation with, a rheumatologist or a prescriber who specializes in Systemic Juvenile Idiopathic Arthritis (SJIA)? ☐ Yes ☐ No

Besides the drug being requested, other biologics and tsDMARDs (targeted synthetic disease-modifying antirheumatic drugs) include Actemra, adalimumab (Humira and all biosimilars), Adbry, Bimzelx, Cibinqo, Cimzia, Cosentyx, Enbrel, Entyvio, Ilumya, infliximab (Remicade and all biosimilars), Kevzara, Kineret, Litfulo, Olumiant, Omvoh, Orencia, Otezla, Rinvoq, rituximab (Rituxan and all biosimilars), Siliq, Simponi Aria, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Tysabri, Velsipity, Xeljanz, Zeposia. Which of the following best describes your patient's situation?

☐ The patient is NOT taking any other biologic or tsDMARD at this time, nor will they in the future.
☐ The requested drug is the only biologic or tsDMARD the patient is/will be using.
☐ The patient is currently on another biologic or tsDMARD, but this drug will be stopped and the requested drug will be started.
☐ The patient is currently on another biologic or tsDMARD, and the requested drug will be added.
☐ The patient may continue to take both drugs together.
☐ The patient is currently on BOTH the requested drug AND another biologic or tsDMARD.
☐ Other/Unknown

(if other/more than the requested drug) Please provide the rationale for concurrent use.

Additional Information Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug (with dates of use) and how they have been receiving it (samples, out of pocket, etc).

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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