



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

# Actemra, 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 200mg/10ml vial  Actemra 400mg/20ml vial  
 Actemra 162mg/0.9ml syringe  Actemra Actpen 162mg/0.9ml pen injector  
 Tyenne 200mg/10ml vial  Tyenne 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? If your patient has already begun treatment with drug samples of **Actemra**, please choose "new start of therapy".  new start of therapy  continued therapy

(if continued therapy) Please provide the dates your patient has received **Actemra**:

*(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\*\*  Home Health / Home Infusion vendor  
 Hospital Outpatient  Physician's office stock (billing on a medical claim form)  
 Retail pharmacy **\*\*Cigna's nationally preferred specialty pharmacy**  
 Other (please specify):

**\*\*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  Physician's Office  
 Hospital Outpatient  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 (CD, giant lymph node hyperplasia, angiofollicular lymph node hyperplasia)
- COVID 19 (Coronavirus Disease 2019)
- Crohn's Disease
- Cytokine Release Syndrome (CRS) associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy
- Giant Cell Arteritis (GCA) (temporal arteritis)
- Inflammatory Arthritis Associated with Checkpoint Inhibitor Therapy
- Management of Immunotherapy-Related Toxicities - Immune Checkpoint Inhibitor-Related Toxicities (not including inflammatory arthritis)
- Polyarticular Juvenile Idiopathic Arthritis (pJIA)
- Polymyalgia Rheumatica
- Rheumatoid Arthritis (RA)
- Still's disease, adult onset
- Systemic Juvenile Idiopathic Arthritis (sJIA)
- other (please specify):

**Clinical Information:**

**If Rheumatoid 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 Cibirgo, 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

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

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

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

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

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

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 Cibirqo, 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

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

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

Is the medication being used for relapsed or refractory disease?  Yes  No

Is the medication prescribed by or in consultation with an oncologist or hematologist?  Yes  No

Has the patient experienced a beneficial clinical response 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

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 Cibirqo, 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

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

Has the patient tried one systemic corticosteroid? Please Note: An example of a systemic corticosteroid is prednisone.  Yes  No

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

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

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

### **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 Cibirqo, 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

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

Has the patient tried one systemic corticosteroid? Please Note: An example of a systemic corticosteroid is prednisone.  Yes  No

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

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

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

### **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 Cibirgo, 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

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

Has the patient tried a corticosteroid?  Yes  No

Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) such as methotrexate given for at least 2 months or was intolerant to a conventional synthetic DMARD?  Yes  No

(if no) Has the patient tried one biologic (for example, Ilaris [canakinumab subcutaneous injection], Kineret [anakinra subcutaneous injection]) other than the requested drug? Please Note: A biosimilar of the requested biologic does not count.  Yes  No

Does the patient have at least moderate to severe active systemic features of this condition, according to the prescriber? Please Note: Examples of moderate to severe active systemic features include fever, rash, lymphadenopathy, hepatomegaly, splenomegaly, and serositis.  Yes  No

Does the patient have active systemic features with concerns of progression to macrophage activation syndrome, as determined by the prescriber?  Yes  No

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

Has the patient experienced a beneficial clinical response 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

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 Cibirgo, 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

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

Has the patient tried one other systemic therapy for this condition? Please Note: Examples of other systemic therapies include a corticosteroid (oral, intravenous), a conventional synthetic disease-modifying antirheumatic drug (DMARD) [for example, methotrexate, leflunomide, sulfasalazine], a 1-month trial of a nonsteroidal anti-inflammatory drug (NSAID), Kineret (anakinra subcutaneous injection) or Ilaris (canakinumab subcutaneous injection). A biosimilar of Actemra does not count.  Yes  No

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

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

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

### **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 Cibirgo, 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

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

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

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

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

Does the patient have aggressive disease, as determined by the prescriber?  Yes  No

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

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 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

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 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):**

Will the requested medication be given in combination with a BIOLOGIC disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug?  Yes  No

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 Inflammatory Arthritis 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, 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

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

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

Is the medication prescribed by or in consultation with a rheumatologist or an oncologist?  Yes  No

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 clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate) and/or reduced dosage of corticosteroids.  Yes  No

**Additional 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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