Cimzia
(certolizumab pegol)

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:
☐ 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:

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)
☐ Juvenile idiopathic arthritis (JIA)
☐ non-radiographic axial spondyloarthritis (nr-axSpA)
☐ plaque psoriasis (CPP)
☐ psoriatic arthritis (PsA)
☐ rheumatoid arthritis (RA)
☐ spondyloarthritis, other subtypes - Please Note: Examples of other subtypes of spondyloarthritis include undifferentiated arthritis and reactive arthritis (Reiter's disease). For ankylosing spondylitis, psoriatic arthritis, or non-radiographic axial spondyloarthritis, refer to the respective criteria.
☐ other (Please specify):

Clinical Information:

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, Otezla XR, 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

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 Spondyloarthropathies (HAQ-S), 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 decreased pain or stiffness, or improvement in function or activities of daily living?
☐ Yes ☐ No

For all patients:

Has the patient tried ANY of the following? Check all that apply. 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. All documentation must include patient-specific identifying information..

☐ Adalimumab (such as Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
☐ Cosentyx IV
☐ Cosentyx SC
☐ Enbrel
☐ Rinvoq
☐ Taltz
☐ Xeljanz tablets /Xeljanz XR tablets

If did not try TWO above, 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:

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 (for example, 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 of the following? Check all that apply.
☐ Adalimumab (such as Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry)
☐ Entyvio
☐ Infliximab intravenous (Remicade, biosimilars)
☐ Omvoh subcutaneous/intravenous
☐ Skyrizi subcutaneous (on-body injector)/Skyrizi intravenous
☐ Ustekinumab subcutaneous/intravenous product (Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek)
☐ Tremfya subcutaneous/intravenous
☐ Zymfentra

If did not try ONE above, 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 Juvenile idiopathic arthritis (JIA):

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

Has the patient tried one other systemic therapy for this condition? Please Note: Examples of other systemic therapy for JIA include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID) [for example, ibuprofen, naproxen]. ☐ Yes ☐ No

If No, has the patient had a previous trial of one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics are an adalimumab product (Humira, biosimilars), an etanercept product (Enbrel, biosimilars), an infliximab IV product (Remicade, biosimilars), Kineret, Orencia (IV or SC), a tocilizumab product (Actemra [IV or SC], biosimilar). ☐ Yes ☐ No

If No, will the patient be starting on the requested drug concurrently with methotrexate (MTX), sulfasalazine, or leflunomide? ☐ Yes ☐ No

If No, does the patient have an absolute contraindication to methotrexate (MTX), sulfasalazine, or leflunomide? Please Note: Examples of contraindications to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias ☐ Yes ☐ No

If No, does the patient have aggressive disease, as determined by the prescriber? ☐ Yes ☐ No

Is the requested 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 drug)? 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, compared with baseline (prior to receiving the requested drug), 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 all patients:

Is documentation being provided to confirm that the patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, Xeljanz, tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (for example, Remicade, biosimilars), and Simponi Aria? Please Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as ONE product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as ONE product. 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. All documentation must include patient-specific identifying information. ☐ 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 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 Spondyloarthropathies (HAQ-S), 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 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 biologic (other than the requested drug), Otezla/Otezla XR (apremilast tablets/extended-release tablets), or Sotyktu (deucravacitinib tablets)? Please Note: A biosimilar of the requested biologic does not count. Examples include an etanercept product [Enbrel, biosimilars], Cosentyx, an adalimumab product [Humira, biosimilars], Ilumya, an infliximab product [Remicade, biosimilars], Siliq, Skyrizi, an ustekinumab SC product [Stelara SC, biosimilars], Taltz, or Tremfya. A patient who has already tried a biologic for psoriasis, Otezla/Otezla XR, or Sotyktu is not required to "step back" and try a traditional systemic agent for psoriasis. ☐ Yes ☐ No

If No, according to the prescriber, does the patient have a contraindication to methotrexate? ☐ 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:

Has the patient tried ANY of the following? Check all that apply. 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. All documentation must include patient-specific identifying information.

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

If did not try TWO above, 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 Enbrel, an adalimumab product, Otezla/Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi SC, Sotyktu, an ustekinumab subcutaneous product, Taltz, Tremfya SC, Xeljanz tablets and Xeljanz XR tablets? Please Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as a trial of ONE product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as ONE product. 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. All documentation must include patient-specific identifying information. ☐ 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 biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics are an etanercept product [Enbrel, biosimilars], an adalimumab product [Humira, biosimilars], an infliximab product [Remicade, biosimilars], Simponi SC, Simponi Aria, a tocilizumab product (for example, Actemra [IV or SC], biosimilars), Kevzara, Kineret, Orencia [IV or SC], or a rituximab product [Rituxan, biosimilars]). ☐ 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 a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz tablets/Xeljanz XR? Please Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz XR tablets) collectively counts as a trial of ONE product. 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. All documentation must include patient-specific identifying information.
☐ 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 (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 decreased pain or stiffness, or improvement in function or activities of daily living? ☐ 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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