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

Actemra
(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:
☐ Actemra 80mg/4ml vial ☐ Actemra 200mg/10ml vial ☐ Actemra 400mg/20ml vial
☐ Actemra 162mg/0.9ml syringe ☐ Actemra Actpen 162mg/0.9ml pen injector

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**
☐ 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

What is the indication or diagnosis?

☐ Castleman disease (CD, giant lymph node hyperplasia, angiofollicular lymph node hyperplasia)
☐ COVID 19
☐ 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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 disease-modifying antirheumatic drug (DMARD) for at least 3 months? Please Note: Examples of biologic DMARDs 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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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

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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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 diseasemodifying 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 Breyanzi (lisocabtagene maraleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), Yescarta (axicabtagene ciloleucel intravenous infusion), and Abecma (idecabtagene vicleucel 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 disease-modifying antirheumatic drug (DMARD) or in combination with a targeted synthetic oral small molecule drug? ☐ Yes ☐ No

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

If COVID-19 (Coronavirus Disease 2019) Note: This includes requests for cytokine release syndrome in a patient hospitalized with COVID-19.

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 patient hospitalized? ☐ Yes ☐ No

Please provide the patient's diagnosis or indication, prescribed dose, frequency and route of administration, any other medications previously tried with duration of trial, and prescriber's or consultant's specialty. Please document if the patient is being treated with systemic corticosteroids and if the patient requires supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). If the patient is already on this medication, when was it started? ☐ 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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