Cigna®

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

Avsola (infliximab-axxq)
Inflectra (infliximab-dyyb)
Remicade (infliximab)
Renflexis (infliximab-adba)

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: ICD10:

☐ Avsola 100mg vial
☐ infliximab 100mg vial
☐ Renflexis 100mg vial
☐ Inflectra 100mg vial
☐ Remicade 100mg vial
☐ Other (*please specify*):

Directions for use: Dose: Quantity: Duration of therapy:

What is your patient's current weight in kg?

Is this a new start or continuation of therapy? If your patient has already begun treatment with drug samples of the requested drug, please choose new start of therapy.
☐ new start of therapy
☐ continuation of therapy

Will the requested medication be used in combination with a BIOLOGIC or 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 (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]), a ustekinumab product [Stelara (IV or SC), biosimilar], Taltz, a tocilizumab product [Actemra (IV or 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

(if request is for infliximab, Remicade, or Renflexis) Has the patient tried one of Inflectra or Avsola? ☐ Yes ☐ No

(if tried Inflectra or Avsola) Is the patient unable to continue to use the Preferred medication 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

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 ☐ 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 diagnosis or indication?

☐ Ankylosing Spondylitis
☐ Behcet's disease
☐ Crohn's Disease
☐ Graft Versus Host Disease (GVHD)
☐ Hidradenitis Suppurativa
☐ Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy
☐ Indeterminate Colitis (defined as colitis that cannot be classified with certainty as either ulcerative colitis or Crohn's disease)
☐ Plaque Psoriasis
☐ Juvenile idiopathic arthritis (JIA) (Please Note: This includes JIA regardless of type of onset, including a patient with juvenile spondyloarthropathy/active sacroiliac arthritis. JIA is also referred to as Juvenile Rheumatoid Arthritis)
☐ Psoriatic Arthritis
☐ Pyoderma Gangrenosum
☐ Rheumatoid Arthritis
☐ Sarcoidosis
☐ Scleritis or Sterile Corneal Ulceration
☐ Spondyloarthritis (SpA), other subtypes (for example, undifferentiated arthritis, non-radiographic axial SpA, Reactive Arthritis [Reiter's disease]) [NOTE: For ankylosing spondylitis or psoriatic arthritis, refer to the respective criteria under FDA-approved indications]
☐ Still's disease
☐ Ulcerative Colitis
☐ Uveitis (includes other posterior uveitides and panuveitis syndromes)
☐ other:

Clinical Information:

If Rheumatoid arthritis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Please Note: Examples of objective 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

Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months? Examples include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. ☐ Yes ☐ No

Has the patient tried at least one biologic for at least 3 months other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics are Cimzia, an etanercept product (for example, Enbrel, biosimilars), an adalimumab SC product (for example, Humira, biosimilars), a rituximab product (for example, Rituxan intravenous, biosimilars), Kevzara, Simponi [Aria or SC], Actemra [IV or SC], Kineret, and Orencia [IV or SC]. ☐ Yes ☐ No

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

If Ankylosing spondylitis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline ((prior to initiating an infliximab product)? Please Note: 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 Spondylarthropathies (HAQ-S), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

Compared with baseline (prior to initiating an infliximab product), 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

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

If Crohn's Disease:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab)? Please Note: 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

Compared with baseline (prior to receiving an infliximab product), 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

Has the patient tried corticosteroids OR is currently on corticosteroids, OR are corticosteroids contraindicated in this patient? Please Note: Examples of corticosteroids are prednisone, methylprednisolone. ☐ Yes ☐ No

Has the patient tried one other conventional systemic therapy for Crohn's disease? Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, methotrexate (MTX). A trial of mesalamine does not count as a systemic therapy for Crohn's disease. ☐ Yes ☐ No

Has the patient tried a biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics include Cimzia (certolizumab pegol SC injection), Entyvio (vedolizumab for IV infusion), an adalimumab SC product (for example, Humira, biosimilars), Skyrizi (IV or SC), or Stelara (IV or SC). ☐ Yes ☐ No

Has the patient been diagnosed with enterocutaneous (perianal or abdominal) or rectovaginal fistulas? ☐ Yes ☐ No

Has the patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence)? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

If Plaque psoriasis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 3 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 3 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

Has the patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an infliximab product) 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 an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning? ☐ Yes ☐ No

Has the patient tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant? Please note: Examples include methotrexate, cyclosporine, or acitretin (Soriatane, generics). A 3-month trial of psoralen plus ultraviolet A light (PUVA) also counts. ☐ Yes ☐ No

Has the patient already had a 3-month trial or previous intolerance to at least one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples: Cimzia, an etanercept product (for example, Enbrel, biosimilars), an adalimumab SC product (for example, Humira, biosimilars), Cosentyx, Ilumya, Siliq, Stelara SC, Skyrizi, Taltz, Bimzelx, or Tremfya. ☐ Yes ☐ No

Does the patient have a contraindication to methotrexate, as determined by the prescriber? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a dermatologist? ☐ Yes ☐ No

If Psoriatic arthritis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: 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 Consortuium 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

Compared with baseline (prior to receiving an infliximab product), 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

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

If Ulcerative colitis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Examples of assessment for inflammatory response include fecal markers (for example, fecal calprotectin), serum markers (for example, C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids. ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding? ☐ Yes ☐ No

Has the patient had a trial of one systemic agent or was intolerant to one of these agents for ulcerative colitis? Please note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone, methylprednisolone, an adalimumab product (for example, Humira), Simponi SC, Omvoh, a ustekinumab product (for example, Stelara), or Entyvio. - Please note: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. - Please Note: A biosimilar of the requested biologic does not count. ☐ Yes ☐ No

Does the patient have pouchitis AND has tried therapy with an antibiotic, probiotic, corticosteroid enema, or Rowasa (mesalamine) enema? Please Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema (Cortenema, generics). ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

If Behcet's disease:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 3 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 3 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (for example, C-reactive protein, erythrocyte sedimentation rate); ulcer depth, number, and/or lesion size. ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain, or improved visual acuity (if ophthalmic manifestations)? ☐ Yes ☐ No

Has the patient tried at least ONE conventional therapy? Please note: Examples include systemic corticosteroids (for example, methylprednisolone), immunosuppressants (for example, azathioprine, methotrexate [MTX], mycophenolate mofetil, cyclosporine, tacrolimus, Leukeran [chlorambucil], cyclophosphamide, interferon alfa). ☐ Yes ☐ No

Has the patient tried a biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics include an etanercept product (for example, Enbrel, biosimilars), an adalimumab SC product (for example, Humira, biosimilars). ☐ Yes ☐ No

Does the patient have ophthalmic manifestations of Behcet's disease? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a rheumatologist, dermatologist, ophthalmologist, gastroenterologist, or neurologist? ☐ Yes ☐ No

If Graft-versus-host disease (GVHD):

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient been established on an infliximab product for at least 1 month? Please Note: Answer No if the patient has received less than 1 month of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: An example of objective measures is normalization of liver function tests, red blood cell count, or platelet count, or resolution of fever or rash. ☐ Yes ☐ No

Compared with baseline (prior to initiating an infliximab product), has the patient experienced an improvement in at least one symptom, such as improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms (for example, nausea, vomiting, anorexia)? ☐ Yes ☐ No

Has the patient tried at least one conventional systemic treatment for graft-versus-host disease? PLEASE NOTE: Examples of conventional treatments include a corticosteroid (for example, methylprednisolone), antithymocyte globulin, cyclosporine, tacrolimus, mycophenolate mofetil. ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center? ☐ Yes ☐ No

If Hidradenitis suppurativa:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 3 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 3 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Examples of assessments include Hurley staging, Sartorius score, Physician Global Assessment, and Hidradenitis Suppurativa Severity Index. ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain or drainage of lesions, nodules, or cysts? ☐ Yes ☐ No

Has the patient tried one other therapy? Please Note: Examples include intralesional or oral corticosteroids (such as triamcinolone, prednisone), systemic antibiotics (for example, clindamycin, dicloxacillin, erythromycin), isotretinoin. ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a dermatologist? ☐ Yes ☐ No

If Immunotherapy-related toxicities associated with checkpoint inhibitor therapy:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating infliximab)? Please Note: Examples of objective measures are dependent upon organ involvement but may include clinically significant improvement or normalization of serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), fecal markers (for example, fecal calprotectin), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

Compared with baseline (prior to receiving infliximab), has the patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness or swelling (if joint symptoms), stool frequency and/or rectal bleeding (if gastrointestinal symptoms), and/or improved function or activities of daily living? ☐ Yes ☐ No

Has the patient developed an immunotherapy-related toxicity other than hepatitis? Please Note: For example, gastrointestinal system toxicity (for example, colitis), ocular toxicity (for example, uveitis/iritis, episcleritis, and blepharitis), myocarditis, pericarditis, inflammatory arthritis, acute kidney injury (for example, azotemia, creatinine elevation, inability to maintain acid/base or electrolyte balance, urine output change), or pneumonitis. ☐ Yes ☐ No

Has the patient developed this immune-related toxicity while receiving a checkpoint inhibitor? Please Note: Examples of checkpoint inhibitors include Keytruda (pembrolizumab IV infusion), Opdivo (nivolumab IV infusion), Yervoy (ipilimumab IV infusion), Tecentriq (atezolizumab IV infusion), Bavancio (avelumab IV infusion), or Imfinzi (durvalumab IV infusion). ☐ Yes ☐ No

Has the patient tried a systemic corticosteroid? Please note: examples include methylprednisolone and prednisone. ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with an oncologist, gastroenterologist, rheumatologist, or ophthalmologist? ☐ Yes ☐ No

If Indeterminate colitis (defined as colitis that cannot be classified with certainty as either ulcerative colitis or Crohn's disease):

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Examples of assessment for inflammatory response include fecal markers (for example, fecal calprotectin), serum markers (for example, C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids. ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding? ☐ Yes ☐ No

Has the patient tried a systemic corticosteroid? Please note: examples include prednisone and methylprednisolone. ☐ Yes ☐ No

Has the patient tried mesalamine AND either azathioprine or 6-mercaptopurine? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a gastroenterologist? ☐ Yes ☐ No

If Juvenile idiopathic arthritis (JIA) (Please Note: This includes JIA regardless of type of onset, including a patient with juvenile spondyloarthropathy/active sacroiliac arthritis. JIA is also referred to as Juvenile Rheumatoid Arthritis):

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab 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 an infliximab 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

Has the patient tried one other systemic therapy for this condition? Please Note: Examples of other systemic therapies for JIA include methotrexate (MTX), sulfasalazine, leflunomide, a nonsteroidal anti-inflammatory drug (NSAID) [for example, ibuprofen, naproxen]. ☐ Yes ☐ 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 for JIA include an etanercept product (Enbrel, biosimilars), Orencia (SC or IV), Actemra (SC or IV), an adalimumab product (Humira, biosimilars). ☐ Yes ☐ 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 Pyoderma gangrenosum:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 4 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 4 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

Has the patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an infliximab product) in at least one of the following: size, depth, and/or number of lesions? ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased pain and/or tenderness of affected lesion(s)? ☐ Yes ☐ No

Has the patient tried one systemic corticosteroid? Please Note: Examples include prednisone and methylprednisolone. ☐ Yes ☐ No

Has the patient tried one other immunosuppressant for at least 2 months or was intolerant to one of these medications? Please note: examples include mycophenolate mofetil and cyclosporine. ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a dermatologist? ☐ Yes ☐ No

If Sarcoidosis:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 3 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 3 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Examples of objective measures are dependent upon organ involvement but may include lung function (for example, predicted forced vital capacity and/or 6-minute walk distance); serum markers (for example, C-reactive protein, liver enzymes, pro-brain natriuretic peptide [NT-proBNP]); improvement in rash or skin manifestations, neurologic symptoms, or rhythm control; and imaging (for example, if indicated, chest radiograph, magnetic resonance imaging [MRI], or echocardiography). ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased cough, fatigue, pain, palpitations, neurologic symptoms, and/or shortness of breath? ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with a pulmonologist, ophthalmologist, cardiologist, neurologist, or dermatologist? ☐ Yes ☐ No

Has the patient tried one corticosteroid? Please Note: Examples include prednisone and methylprednisolone. ☐ Yes ☐ No

Has the patient tried at least one immunosuppressive medication? Please note: examples include methotrexate (MTX), azathioprine, leflunomide, mycophenolate mofetil, hydroxychloroquine, or chloroquine. ☐ Yes ☐ No

If Scleritis or sterile corneal ulceration:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: An example of objective measures is serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, tearing, and/or improvement in visual acuity? ☐ Yes ☐ No

Has the patient tried one other therapy for this condition? PLEASE NOTE: Examples of other therapies: oral nonsteroidal anti-inflammatory drug (NSAIDs) [for example, indomethacin]; oral, topical (ophthalmic) or IV corticosteroids (for example, prednisone, prednisolone, methylprednisolone); methotrexate; cyclosporine; or other immunosuppressants. ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with an ophthalmologist? ☐ Yes ☐ No

If Still's disease:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ 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 (prior to initiating an infliximab product)? ☐ Yes ☐ No

Has the patient tried one corticosteroid? Please Note: Examples include prednisone and methylprednisolone. ☐ Yes ☐ No

Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) given for at least 2 months or was intolerant to a conventional synthetic DMARD? Please note: an example is methotrexate. ☐ Yes ☐ No

Has the patient tried at least one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics are Actemra [tocilizumab intravenous injection, tocilizumab subcutaneous injection], Arcalyst [rilonacept subcutaneous injection], Ilaris [canakinumab subcutaneous injection]). ☐ Yes ☐ No

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

Spondyloarthritis (SpA), other subtypes (for example, undifferentiated arthritis, non-radiographic axial SpA, Reactive Arthritis [Reiter's disease]) [NOTE: For ankylosing spondylitis or psoriatic arthritis, refer to the respective criteria under FDA-approved indications]:

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: 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

Compared with baseline (prior to receiving an infliximab product), 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

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

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? Please Note: Examples include methotrexate [MTX], leflunomide, sulfasalazine. ☐ Yes ☐ No

Does the patient have axial spondyloarthritis? ☐ Yes ☐ No

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

Does the patient have objective signs of inflammation, defined as sacroiliitis reported on magnetic resonance imaging (MRI)? ☐ Yes ☐ No

If Uveitis (Please Note: This includes other posterior uveitides and panuveitis syndromes):

Is the patient currently receiving an infliximab product? ☐ Yes ☐ No

Has the patient already received at least 6 months of therapy with an infliximab product? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with an infliximab product. ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product)? Please Note: Example of objective measures includes best-corrected visual acuity, assessment of chorioretinal and/or inflammatory retinal vascular lesions, and anterior chamber cell grade or vitreous haze grade. ☐ Yes ☐ No

Compared with baseline (prior to receiving an infliximab product), has the patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, and/or blurred vision or improvement in visual acuity? ☐ Yes ☐ No

Has the patient tried one of the following therapies: periocular, intraocular, or systemic corticosteroids; immunosuppressives? Please note: Examples of corticosteroids include prednisolone, triamcinolone, betamethasone, methylprednisolone, and prednisone. Examples of immunosuppressives include methotrexate (MTX), mycophenolate mofetil, and cyclosporine. ☐ Yes ☐ 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 for uveitis include an adalimumab product (for example, Humira, biosimilars) or an etanercept product (Enbrel, biosimilars). ☐ Yes ☐ No

Is the requested medication being prescribed by or in consultation with an ophthalmologist? ☐ Yes ☐ No

Additional pertinent information: *Please include any alternatives tried, with drug name, date(s) taken and for how long, and what the documented results were of taking this 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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