Tremfya IV
(guselkumab)

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:
☐ Tremfya IV

ICD10:

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

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***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):

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis related to use:
☐ Crohn's disease
☐ Ulcerative colitis
☐ All other indications or diagnoses

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]), an 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, hydroxychloroquine, or sulfasalazine)
☐ No, the requested medication will NOT be used in combination with another BIOLOGIC or targeted synthetic oral small molecule drug.

(if UC) Has the patient had a trial of one systemic therapy for ulcerative colitis? Please Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone, methylprednisolone. A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. ☐ Yes ☐ No

(if no) Has the patient had a trial of a biologic for ulcerative colitis? Please Note: Examples include an adalimumab product (Humira, biosimilars), Entyvio (IV or SC), an infliximab IV product (Remicade, biosimilars), Omvoh, Zymfentra, Simponi SC, Skyrizi, or an ustekinumab product [Stelara (IV or SC)]. A biosimilar of the requested biologic does not count. ☐ Yes ☐ No

(if no) Does the patient have pouchitis? ☐ Yes ☐ No

(if no biologic for UC) Has the patient tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema? Please Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema. ☐ Yes ☐ No

(if CD) Has the patient tried a systemic corticosteroid or is currently taking a systemic corticosteroid? ☐ Yes ☐ No

(if no) Is a systemic corticosteroid contraindicated in this patient? ☐ Yes ☐ No

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

(if no) Has the patient had a previous trial of one biologic for Crohn's disease other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics include Cimzia, Entyvio, an infliximab IV product (Remicade, biosimilars), an adalimumab product (Humira, biosimilars), Omvoh (IV or SC), Skyrizi (IV or SC), an ustekinumab product [Stelara (IV or SC), biosimilar], Zymfentra. ☐ Yes ☐ No

(if no) Does the patient have enterocutaneous (perianal or abdominal) or rectovaginal fistulas? ☐ Yes ☐ No

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

Will the requested medication be used as induction therapy? ☐ Yes ☐ No

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

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

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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