



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Simponi® & Simponi Aria® Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Active ankylosing spondylitis					
<input type="checkbox"/> Active psoriatic arthritis					
<input type="checkbox"/> Moderately to severely active rheumatoid arthritis					
<input type="checkbox"/> Moderately to severely active ulcerative colitis					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical Information:</b>					
Select if Simponi or Simponi Aria is prescribed by or in consultation with one of the following specialists:					
<input type="checkbox"/> Dermatologist					
<input type="checkbox"/> Gastroenterologist					
<input type="checkbox"/> Rheumatologist					
Is the patient receiving Simponi or Simponi Aria in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Orencia (abatacept)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For active ankylosing spondylitis, also answer the following:</b>					
Has the patient had a trial and failure, contraindication, or intolerance to two non-steroidal anti-inflammatory drugs (NSAIDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For moderately to severely active rheumatoid arthritis, also answer the following:</b>					
Is the patient receiving concurrent therapy with methotrexate (Rheumatrex, Trexall)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "no" to the above, has the patient had a trial and failure, contraindication, or intolerance to methotrexate (Rheumatrex, Trexall)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For moderately to severely active ulcerative colitis, also answer the following:</b>					
Is the patient corticosteroid dependent (i.e., an inability to successfully taper corticosteroids without a return of the symptoms of ulcerative colitis)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select if the patient has had a trial and failure, contraindication, or intolerance to the following conventional therapies:					
<input type="checkbox"/> 6-mercaptopurine (Purinethol)					
<input type="checkbox"/> Aminosalicylate [e.g., mesalamine (Asacol, Pentasa, Rowasa), olsalazine (Dipentum), sulfasalazine (Azulfidine, Sulfazine)]					
<input type="checkbox"/> Azathioprine (Imuran)					
<input type="checkbox"/> Corticosteroids (e.g., prednisone, methylprednisolone)					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Simponi-SimponiAria\_Comm\_2018Jan-WV



## Simponi® & Simponi Aria® Prior Authorization Request Form (Page 2 of 2)

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**Reauthorization:**

**If this is a reauthorization request, answer the following questions:**

Is there documentation the patient has had a positive clinical response to therapy?  Yes  No

Is the patient receiving Simponi or Simponi Aria in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Orencia (abatacept)]?  Yes  No

**Quantity Limit Requests:**

What is the quantity requested per DAY? \_\_\_\_\_

**What is the reason for exceeding the plan limitations?**

- Titration or loading dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- Other: \_\_\_\_\_

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note:

This request may be denied unless all required information is received.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.