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Visit 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

Cimzia® Prior Authorization Request Form (Page 1 of 2)

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Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
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 <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
Select the diagnosis below: <input type="checkbox"/> Active ankylosing spondylitis <input type="checkbox"/> Active psoriatic arthritis <input type="checkbox"/> Moderate to severe plaque psoriasis <input type="checkbox"/> Moderately to severely active rheumatoid arthritis <input type="checkbox"/> Moderately to severely active Crohn's disease <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical Information: Is this request for continuation of prior Cimzia therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Cimzia be used in combination with a biologic disease-modifying anti-rheumatic drug (DMARD) [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orenzia (abatacept)]? <input type="checkbox"/> Yes <input type="checkbox"/> No Select if Cimzia is prescribed by or in consultation with one of the following specialists: <input type="checkbox"/> Dermatologist <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Rheumatologist Select if the patient has had trial and failure, contraindication, or intolerance to the following: <input type="checkbox"/> Cosentyx (secukinumab) <input type="checkbox"/> Enbrel (etanercept) <input type="checkbox"/> Humira (adalimumab)					
For active ankylosing spondylitis, also answer the following: Has the patient had trial and failure, contraindication, or intolerance to two or more non-steroidal anti-inflammatory drugs (NSAIDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For moderately to severely active rheumatoid arthritis, also answer the following: Has the patient had trial and failure, contraindication, or intolerance to one disease-modifying anti-rheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For moderately to severely active Crohn's disease, also answer the following: Select if the patient has had trial and failure, contraindication, or intolerance to the following: <input type="checkbox"/> 6-mercaptopurine (Purinethol) <input type="checkbox"/> Corticosteroid (e.g., prednisone, methylprednisolone) <input type="checkbox"/> Azathioprine (Imuran) <input type="checkbox"/> Methotrexate (Rheumatrex, Trexall)					
Reauthorization: If this is a reauthorization request, answer the following questions: Is there documentation the patient has had a positive clinical response to Cimzia therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Cimzia be used in combination with a biologic disease-modifying anti-rheumatic drug (DMARD) [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orenzia (abatacept)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 Office use only: Cimzia_CMS_2019Jan-W



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

Please note:

This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
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.