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

Simponi® & Simponi Aria® Prior Authorization Request Form

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

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Active ankylosing spondylitis
❑ Active psoriatic arthritis
❑ Other diagnosis: _____
❑ Moderately to severely active rheumatoid arthritis
❑ Moderately to severely active ulcerative colitis
ICD-10 Code(s): _____

Clinical Information:

Is this request for continuation of prior therapy? ❑ **Yes** ❑ **No**

Will Simponi/Simponi Aria be used in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Orencia (abatacept)]? ❑ **Yes** ❑ **No**

Select if the requested medication is prescribed by or in consultation with one of the following specialists:

❑ Dermatologist ❑ Gastroenterologist ❑ Rheumatologist

Select if the patient has had trial and failure, contraindication, intolerance, or attestation demonstrating a trial may be inappropriate to the following:

❑ Cosentyx (secukinumab) ❑ Enbrel (etanercept) ❑ Humira (adalimumab)

For moderately to severely active rheumatoid arthritis, also answer the following:

Is the patient concurrently on Rheumatrex/Trexall (methotrexate)? ❑ **Yes** ❑ **No**

Has the patient had trial and failure, contraindication, or intolerance to Rheumatrex/Trexall (methotrexate)? ❑ **Yes** ❑ **No**

For moderately to severely active ulcerative colitis, also answer the following:

Is the patient corticosteroid dependent (e.g., an inability to successfully taper corticosteroids without a return of the symptoms of ulcerative colitis)? ❑ **Yes** ❑ **No**

Select if the patient has had trial and failure, contraindication, or intolerance to the following:

❑ Oral aminosalicylates ❑ Oral corticosteroid ❑ Azathioprine ❑ 6-mercaptopurine

Reauthorization:

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

Is there documentation the patient has had a positive clinical response to Simponi/Simponi Aria therapy? ❑ **Yes** ❑ **No**

Will Simponi/Simponi Aria be used in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Orencia (abatacept)]? ❑ **Yes** ❑ **No**

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.