

SIMPONI & SIMPONI ARIA Prior Authorization Form

<input type="checkbox"/> Standard Request <input type="checkbox"/> Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.
---	---

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

<input type="checkbox"/> Simponi	<input type="checkbox"/> 50mg/0.5mL Prefilled Syringe <input type="checkbox"/> 100mg/mL Prefilled Syringe <input type="checkbox"/> 50mg/0.5mL SmartJect Auto Injector <input type="checkbox"/> 100mg/mL SmartJect Auto Injector	Directions:	Quantity Dispensed:	Day Supply:
<input type="checkbox"/> SIMPONI ARIA	50mg/4ml Solution for Injection			
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Billing Information

<input type="checkbox"/> Billed by PHARMACY dispensed to the member or provider for administration.	<input type="checkbox"/> Billed under MEDICAL benefit by provider. J CODE: _____ ICD-10 Code: _____	Place of Administration: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Patient Home
--	--	--

Clinical Information

<input type="checkbox"/> Rheumatoid Arthritis	Is the member's disease currently active? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the member be taking methotrexate in combination with Simponi? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Psoriatic Arthritis	Is the member's disease currently active? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dominant Axial <input type="checkbox"/> Dominant Peripheral
Disease Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	PPD (tuberculin) test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____
Is the member currently using another TNF-blocking or biologic agent in combination with Simponi? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____	
Does the member currently have evidence of infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

