



MEDICARE FORM

Simponi Aria® (golimumab) Infusion Medication Precertification Request

Page 1 of 2

(All fields must be completed and legible for precertification review.)

For Ohio MMP: FAX: 1-855-734-9389 PHONE: 1-855-364-0974

For other lines of business: please use other form.

Note: Simponi Aria is preferred for MA plans and non-preferred for MAPD plans. Preferred products vary based on indication. See section G below.

Please indicate: Start of treatment: Start date / / Continuation of therapy: Date of last treatment / /

Precertification Requested By: Phone: Fax:

Form sections: A. PATIENT INFORMATION, B. INSURANCE INFORMATION, C. PRESCRIBER INFORMATION, D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION, E. PRODUCT INFORMATION, F. DIAGNOSIS INFORMATION, G. CLINICAL INFORMATION

Continued on next page



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Patient First Name Patient Last Name Patient Phone Patient DOB

G. CLINICAL INFORMATION - Required clinical information must be completed for ALL precertification requests.

Flowchart for TB testing and treatment status. Includes questions about biologics, TB tests (PPD, IGRA, chest x-ray), and treatment of latent TB.

For initiation Requests:

Ankylosing spondylitis

Questions regarding diagnosis of active ankylosing spondylitis (AS) and previous biologic treatment.

Psoriatic arthritis

Question regarding diagnosis of active psoriatic arthritis (PsA).

Rheumatoid arthritis

Questions regarding diagnosis of moderately to severely active rheumatoid arthritis (RA) and reasons for not using methotrexate.

For Other or No clinical reason not to use methotrexate or leflunomide:

Flowchart for reasons not to use methotrexate or leflunomide, including questions about previous biologics and intolerance.

For Continuation Requests:

Questions regarding current drug receipt and clinical response to treatment.

H. ACKNOWLEDGEMENT

Request Completed By (Signature Required): Date: / /

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company...

The plan may request additional information or clarification, if needed, to evaluate requests.