

Medication Authorization Request Form SIMPONI ARIA[®] (golimumab) J1602

The most efficient way to request authorization is to use the NovoLogix[®] system. To access NovoLogix, visit bcbsm.com/providers and log in to Provider Secured Services. Click the link for *Medical Prior Authorization*.

As an alternative, you can use this form to request authorization. Complete and fax this form to 1-866-392-6465. If you have any questions regarding this process, contact the Pharmacy Clinical Help Desk at 1-800-437-3803.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID number	Specialty
Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis (include ICD-10)	City/State/ZIP
Drug name	Phone/Fax: P: () - F: () -
Dose and quantity	NPI
Directions	Contact person
Date of services	Contact person's Phone / ext.

STEP 1: DISEASE STATE INFORMATION

- What is the patient's dose and frequency of requested therapy? _____
- How is this medication being administered? self-administered
 office administered (**Continue to #3**)
- Is this an initial request or continuation of therapy?
 initial request continuation **Original** start date: _____
- Is the patient being seen by a rheumatologist?
 Yes No, Provide physician specialty: _____
- What is the patient's diagnosis?
 Rheumatoid Arthritis (RA) Psoriatic Arthritis (PsA) Ankylosing Spondylitis
 Other, list diagnosis: _____
- Which of the following DMARDs has the patient tried?
 Methotrexate Sulfasalazine Azathioprine
 Hydroxychloroquine Cyclosporine Other _____
 None, provide rationale: _____
- Will Simponi Aria[®] be administered in combination with methotrexate?
 Yes No
- Which of the following agents has the patient had prior therapy with?
 Enbrel[®] Humira[®] Remicade[®] Simponi SQ[®] Other: _____
- Continuation: Please check all that applies:
 - Patient had improvement in swollen joints compared to baseline
 - Patient had improvement in tender joints compared to baseline
 - Patient had improvement in pain compared to baseline
 - Patient had improvement in ability to perform activities of daily living compared to baseline
 - Patient had improvement in morning stiffness compared to baseline
 - Treatment failure compared to baseline
 - Patient had an improvement in signs and symptoms, as defined by the American College of Rheumatology (ACR20) response components (for PsA) or Assessment in Ankylosing Spondylitis response criteria components (ASAS)
 - Other: _____
- Attach any chart notes or additional documentation and submit to plan.

Coverage won't be provided if the prescribing physician's signature and date aren't reflected on this document.

Request for expedited review. I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's name	Physician's signature	Date
Step 2: Checklist	<input type="checkbox"/> Completed form <input type="checkbox"/> Attached chart notes	<input type="checkbox"/> Attached diagnostic tests
Step 3: Submit	Fax the completed form to 1-866-392-6465	