Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Simponi Aria
(golimumab intravenous)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication requested:
☐ Simponi Aria 50mg

Dose and Quantity: Duration of therapy: J-Code:

Frequency of administration: ICD10:

Height (ft, in): Weight (lb or kg):

(Please note: there are different preferred products depending on your patient's plan. Please refer to the applicable Cigna health care professional resource [e.g. cignaforhcp.com] to determine benefit availability and the terms and conditions of coverage)

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Retail pharmacy
☐ Other (please specify):
☐ Home Health / Home Infusion vendor
☐ Physician's office stock (billing on a medical claim form)
***Cigna's nationally preferred specialty pharmacy*

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:
Facility Name: State: Tax ID#:
Address (City, State, Zip Code):

Where will this drug be administered?
☐ Patient's Home
☐ Hospital Outpatient
☐ Physician's Office
☐ Other (please specify):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.*

Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? ☐ Yes ☐ No (provide medical necessity rationale):

Is your patient a candidate for home infusion? ☐ Yes ☐ No

Does the physician have an in-office infusion site? ☐ Yes ☐ No

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis related to use:

☐ ankylosing spondylitis (AS)
☐ polyarticular juvenile idiopathic arthritis (PJIA) (Includes Juvenile Rheumatoid Arthritis, Juvenile Spondyloarthropathy/Active Sacroiliac Arthritis)
☐ psoriatic arthritis (PsA)
☐ rheumatoid arthritis (RA)
☐ ulcerative colitis (UC)
☐ other (Please specify):

Clinical Information:

Will the requested medication be used in combination with a BIOLOGIC or with a targeted synthetic oral small molecule? ☐ Yes ☐ No

Is the patient currently receiving Simponi (Aria or SC)? ☐ Yes ☐ No

If Rheumatoid arthritis:

Has the patient already received at least 6 months of therapy with Simponi (Aria or SC)? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with Simponi (Aria or SC). ☐ Yes ☐ No

Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Please Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI). ☐ Yes ☐ No

Has the patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? ☐ Yes ☐ No

Is Simponi Aria being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

Has the patient tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months? Please Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. ☐ Yes ☐ No

Has the patient already had a 3-month trial of at least one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics are an etanercept product (for example, Enbrel, biosimilars), an adalimumab product (for example, Humira, biosimilars), an infliximab product (for example, Remicade, biosimilars), Cimzia, Actemra (IV or SC), Kevzara, Kineret, Orencia (IV or SC), and a rituximab product (for example, Rituxan, biosimilars). ☐ Yes ☐ No

If Ankylosing spondylitis:

Has the patient already received at least 6 months of therapy with Simponi (Aria or SC)? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with Simponi (Aria or SC). ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating Simponi (Aria or SC))? Please Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

Compared with baseline (prior to receiving Simponi (Aria or SC)), has the patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living? ☐ Yes ☐ No

Is Simponi Aria being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating Simponi (Aria or SC))? Please Note: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortuium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

Compared with baseline (prior to receiving Simponi (Aria or SC)), has the patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? ☐ Yes ☐ No

If Psoriatic arthritis:

Has the patient already received at least 6 months of therapy with Simponi (Aria or SC)? Please Note: Answer No if the patient has received

less than 6 months of therapy or if the patient is restarting therapy with Simponi (Aria or SC). ☐ Yes ☐ No

When assessed by at least one objective measure, has the patient experienced a beneficial clinical response from baseline (prior to initiating Simponi (Aria or SC))? Please Note: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortuium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate). ☐ Yes ☐ No

Compared with baseline (prior to receiving Simponi (Aria or SC)), has the patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? ☐ Yes ☐ No

Is Simponi Aria being prescribed by, or in consultation with, a rheumatologist or a dermatologist? ☐ Yes ☐ No

If Juvenile idiopathic arthritis (JIA) (Note: This includes JIA regardless of type of onset, including a patient with juvenile spondyloarthropathy/active sacroiliac arthritis. JIA is also referred to as Juvenile Rheumatoid Arthritis.):

Has the patient already received at least 6 months of therapy with Simponi (Aria or SC)? Please Note: Answer No if the patient has received less than 6 months of therapy or if the patient is restarting therapy with Simponi (Aria or SC). ☐ Yes ☐ No

Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Please Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (for example, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids. ☐ Yes ☐ No

Has the patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, or improved function or activities of daily living? ☐ Yes ☐ No

Is Simponi Aria being prescribed by, or in consultation with, a rheumatologist? ☐ Yes ☐ No

Has the patient tried one other medication for this condition? Please Note: Examples of other medications for JIA include methotrexate, sulfasalazine, or leflunomide, a nonsteroidal anti-inflammatory drug (NSAID) [for example, ibuprofen, naproxen]. ☐ Yes ☐ No

Has the patient had a previous trial of one biologic other than the requested drug? Please Note: A biosimilar of the requested biologic does not count. Examples of biologics for JIA include an adalimumab product (Humira, biosimilars), an etanercept product (Enbrel, biosimilars), Orencia (SC or IV), Actemra (SC or IV). ☐ Yes ☐ No

Does the patient have aggressive disease, as determined by the prescriber? ☐ Yes ☐ No

Additional pertinent information: *Please include any alternatives tried, with drug name, date(s) taken and for how long, and what the documented results were of taking this drug, including any intolerances or adverse reactions your patient experienced.*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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