

### Immunomodulators: Simponi Aria

#### Member Information

1. Member Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Member ID #: \_\_\_\_\_ 4. Member Date of Birth: \_\_\_\_\_ 5. Member Gender: \_\_\_\_\_

#### Prescriber Information

6. Prescribing Provider NPI #: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

#### Drug Information

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. Length of Therapy (in days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days   
Other \_\_\_\_\_

#### Clinical Information

##### Request for Ankylosing Spondylitis

1. Does the member have a diagnosis of Ankylosing Spondylitis?  Yes  No
2. Is the member not on another injectable biologic immunomodulator?  Yes  No
3. Has the member been considered and screened for the presence of latent tuberculosis infection?  Yes  No
4. Has the member been tested with Hep B SAG and Core Ab?  Yes  No
5. Has the member experienced inadequate symptom relief from treatment with at least two NSAIDs?  Yes  No
6. Is member unable to receive treatment with NSAIDs due to contraindications?  Yes  No
7. Does the member have clinical evidence of severe or rapidly progressing disease?  Yes  No
8. Has the member had a trial and failure of Cosentyx, Enbrel or Humira or a clinical reason member cannot try Cosentyx, Enbrel or Humira?  Yes  No

##### Request for Polyarticular Juvenile Idiopathic Arthritis (PJIA)

1. Does the member have a diagnosis of Polyarticular Juvenile Idiopathic Arthritis?  Yes  No
2. Is the member not on another injectable biologic immunomodulator?  Yes  No
3. Has the member been considered and screened for the presence of latent tuberculosis infection?  Yes  No
4. Has the member been tested with Hep B SAG and Core Ab?  Yes  No
5. Has the member tried one systemic corticosteroid (e.g. prednisone, methylprednisolone) or methotrexate, leflunomide or sulfasalazine with inadequate response or is unable to take these therapies due to contraindications?  Yes  No
6. Does the member have PJIA subtype enthesitis related arthritis?  Yes  No
7. Has the member had a trial and failure of Enbrel or Humira or a clinical reason member cannot try Enbrel or Humira?  Yes  No

**Request for Psoriatic Arthritis**

1. Does the member have a documented definitive diagnosis of Psoriatic Arthritis?  Yes  No
2. Is the member 2 years of age or older ?  Yes  No
3. Is the member not on another injectable biologic immunomodulator?  Yes  No
4. Has the member been considered and screened for the presence of latent tuberculosis infection?  Yes  No
5. Has the member been tested with Hep B SAG and Core Ab?  Yes  No
6. Does the member have a documented inadequate response or inability to take methotrexate  Yes  No
7. Has the member had a trial and failure of Cosentyx, Enbrel or Humira or a clinical reason member cannot try Cosentyx, Enbrel or Humira?  Yes  No

**Request for Rheumatoid Arthritis**

1. Does the member have a diagnosis of Rheumatoid Arthritis?  Yes  No
2. Is the member not on another injectable biologic immunomodulator?  Yes  No
3. Has the member been considered and screened for the presence of latent tuberculosis?  Yes  No
4. Has the member been tested with Hep B SAG and Core Ab?  Yes  No
5. Has the member experienced a therapeutic failure/inadequate response with methotrexate or at least one disease modifying antirheumatic drug (e.g. leflunomide, hydroxychloroquine, minocycline, sulfasalazine) ?  Yes  No
6. Is the member unable to receive methotrexate or disease modifying antirheumatic drug due to contraindications or intolerabilities?  Yes  No
7. Does the member have clinical evidence of severe or rapidly progressing disease?  Yes  No
8. Has the member had a trial and failure of Enbrel or Humira or a clinical reason member cannot try Enbrel or Humira?  Yes  No

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.