Simponi™ (golimumab)

An Independent Licensee of the Blue Cross and Blue Shield Association

Prior Authorization (Physician to Complete)

Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet

Date: ______/______/______

To: Wellmark Pharmacy Services

From (Prescriber's Name): ______________________________

Fax Number: (866) 884-4345

Prescriber's DEA Number: ______________________________

Phone Number: (800) 600-8065

Prescriber's Phone Number: ______________________________

Prescriber's Specialty: ________________

Prescriber's Fax Number: ______________________________

Prescriber's Office Address: ____

Street Suite # City State Zip

Patient Name: ____

Patient ID: ______________________________ **Patient DOB:** ______________________________

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

Initial therapy review questions:

1. Does the patient have one of the following diagnoses? ***Please complete all corresponding questions***
   - ☐ **Ankylosing spondylitis**
   - ☐ **Active psoriatic arthritis:** Does the patient have at least 3 swollen/tender joints? ☐ Yes ☐ No
     Does the patient have plaque psoriasis with a target lesion ≥ 2cm in diameter? ☐ Yes ☐ No
   - ☐ **Adult rheumatoid arthritis, moderately to severely active**

2. Has the patient shown inadequate response to or intolerable side effects to any of the following systemic therapies?
   ☐ Yes ☐ No (*check all that apply*)
   - ☐ glucocorticoids ☐ methotrexate ☐ NSAID's ☐ sulfasalazine
   - ☐ acitretin ☐ azathioprine ☐ cyclosporine ☐ UVB/PUVA phototherapy
   - ☐ leflunomide ☐ d-penicillamine ☐ gold ☐ hydroxychloroquine
   - ☐ Contraindication: ____

3. Does the patient have any of the poor prognostic factors for rheumatoid arthritis listed below? ☐ Yes ☐ No
   - ☐ Functional limitation ☐ Extraarticular disease ☐ Rheumatoid Factor positive (RF+) ☐ RA Lung disease
   - ☐ Felty's syndrome ☐ RA Vasculitis ☐ Secondary Sjogren's syndrome ☐ rheumatoid nodules
   - ☐ Bony erosions by radiography ☐ Positive anti-cyclic citrullinated peptide antibodies (anti-CCP)

Continuation therapy review questions:

1. Does the benefit of continued use of the product appear to outweigh the potential risks?
   - ☐ Yes
   - ☐ No

Dose per injection: ______________________mg Frequency of injection:______________per ______________

______________________________ ______________________________

Printed Name Signature

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