



SIMPONI® (golimumab) - Prior Authorization/Prescription/Patient Enrollment Form

Complete form in its entirety and fax to number listed below

1

PATIENT INFORMATION

Last Name		First Name	Middle Initial
Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Medicaid ID #	
Allergies: <input type="checkbox"/> NKA or _____			
Street Address			City
State	County	Zip Code	
Home Phone		Cell Phone	
Parent/Guardian		Day Telephone	Night Telephone
Emergency Contact		Relationship	Telephone

2

PRESCRIBER INFORMATION

Prescriber's Name		NPI Number	DEA Number
Telephone Number	Fax Number	Hospital/Clinic Name	
Street Address			City
State	County	Zip Code	
Contact Person at Office		Prescriber Specialty	



Fax Completed Form to:
Fax Number: 800-218-3221
Phone Number: 866-843-3604

3

Department of Vermont Health Access SIMPONI® (golimumab) PRIOR AUTHORIZATION REQUEST

Patient Diagnosis:
 Rheumatoid Arthritis Psoriatic Arthritis Ankylosing Spondylitis

If requesting prescriber is not a Rheumatologist or Dermatologist, has one of these specialties been consulted on this case? Yes No

Specialist name: _____ Specialist Type: _____

Initial Request (please complete remainder of form below)
 Subsequent Request: Response/tolerability to Simponi: _____

Please explain outcomes of therapy with Enbrel and/or Humira (DVHA preferred products):

Therapy (and dates)	Reason for discontinuation
_____	_____
_____	_____

List previous medications/therapies tried and failed for this condition:
 (include NSAIDs, DMARDs, TNF Blockers: oral and injectable)

Therapy (and dates)	Reason for discontinuation
_____	_____
_____	_____
_____	_____
_____	_____

Prescriber Additional Comments:

4

PRESCRIPTION

Dosage Form and Quantity:

Simponi 50 mg/0.5 ml prefilled syringe Dispense Quantity: 1
 Simponi 50 mg/0.5 ml prefilled autoinjector Dispense Quantity: 1

Sig: Administer 50 mg (1 syringe/autoinjector) subcutaneously once monthly.

Refill X: _____

Deliver product to: Patient's home MD office Clinic

Prescriber's Signature: _____ **Date:** _____