

Plaque Psoriasis - (Otezla, Cosentyx, Taltz)

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Recipient Gender: _____

Prescriber Information

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

Drug Information

8. Med requested: _____ 9a. Strength _____ 9b. Quantity per 30 days _____ 9c. Duration _____
10. Is the beneficiary 18 years old or older? **YES** ___ **NO** ___
11. Does the beneficiary have a diagnosis of Plaque Psoriasis? **YES** ___ **NO** ___
12. Is the beneficiary on any other injectable immunomodulator? **YES** ___ **NO** ___
13. Has the beneficiary been screened for latent tuberculosis infection? **YES** ___ **NO** ___
14. Has the beneficiary been tested with Hep B SAG and Core Ab? **YES** ___ **NO** ___
Date of lab and result _____
15. Has the beneficiary experienced a therapeutic failure/inadequate response with methotrexate?
YES ___ **NO** ___
16. What is the beneficiary's BSA (body surface area) of involvement? _____%
17. Does the beneficiary have involvement of the palms, soles, head and neck, or genitalia, causing disruption in normal daily activities and/or employment? **YES** ___ **NO** ___
18. Has the beneficiary failed to respond to or is unable to tolerate phototherapy and **ONE** of the following meds- Soriatane (acitretin), methotrexate, cyclosporin? **YES** ___ **NO** ___
List medications failed or reason beneficiary cannot use other treatments _____

19. Does the beneficiary have a documented inadequate response or inability to take both Enbrel and Humira? **YES** ___
NO ___ **Explain** _____

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.

Fax this form to: (877) 386-4695 Pharmacy PA Call Center: (833) 585-4309