

Immunomodulators Temporary PA Request Form
Plaque Psoriasis (Pediatric) (Enbrel and Stelara)

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. Length of Therapy _____

10. If Stelara is being requested, is the beneficiary age 12 or older? **YES** ___ **NO** ___

11. Does the beneficiary have a diagnosis of Plaque Psoriasis? **YES** ___ **NO** ___

12. Is the beneficiary a candidate for systemic therapy or phototherapy? **YES** ___ **NO** ___

13. Is the beneficiary on any other injectable immunomodulator? **YES** ___ **NO** ___

14. Has the beneficiary been screened for latent tuberculosis infection? **YES** ___ **NO** ___

15. Has the beneficiary been tested with Hep B SAG and Core Ab? **YES** ___ **NO** ___

Date of lab and result _____

16. Has the beneficiary experienced a therapeutic failure/inadequate response with methotrexate?

YES ___ **NO** ___

17. Does the beneficiary have a body surface area (BSA) involvement of at least 3%? **YES** ___ **NO** ___

Please list the beneficiary's BSA (body surface area) of involvement. _____%

18. 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** ___

19. If requesting a non-preferred, list preferred tried or reason beneficiary cannot use one preferred.

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