



Immunomodulators Temporary PA Request Form
Plaque Psoriasis (Adult)

(Avsola, Enbrel, Humira, Cosentyx, Cimzia, Ilumya, Inflectra, Otezla, Remicade, Renflexis, Siliq, Skyrizi, Stelara, Taltz, and Tremfya)

Beneficiary Information

- 1. Beneficiary Last Name: 2. First Name: 3. Beneficiary ID #: 4. Beneficiary Date of Birth: 5. Beneficiary 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. Is the member 18 years old or older? YES NO 11. Does the member have a diagnosis of moderate to severe Plaque Psoriasis? YES NO 12. Is the member on any other injectable immunomodulator? YES NO

13. Has the member been screened for latent tuberculosis infection? YES NO

14. Has the member 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. 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. %

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

20. If requesting Siliq, are the beneficiary, provider, and pharmacy registered appropriately in the Siliq Risk Evaluation and Mitigation Strategy Program (REMS program)? 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.