



Please complete ALL information below and fax your request to 1-888-671-5285

Ilumya™ Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)

Select the diagnosis below:

Moderate-to-severe plaque psoriasis

Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Is Ilumya prescribed by or in consultation with a dermatologist? Yes No

Select if the patient has had trial and failure, contraindication, or intolerance to the following:

- Cimzia (certolizumab pegol)
- Cosentyx (secukinumab)
- Humira (adalimumab)
- Skyrizi (risankizumab)
- Stelara (ustekinumab)
- Tremfya (guselkumab)

Is this request for continuation of prior Ilumya therapy? Yes No

Will the patient receive Ilumya in combination with a biologic DMARD (e.g., Enbrel [etanercept], Humira [adalimumab], Cimzia [certolizumab pegol], Simponi [golimumab])? Yes No

Reauthorization:

If this is a reauthorization request, please answer the following:

Is there documentation the patient has had a positive clinical response to Ilumya therapy? Yes No

Is the patient receiving Ilumya in combination with a biologic DMARD (e.g., Enbrel [etanercept], Humira [adalimumab], Cimzia [certolizumab pegol], Simponi [golimumab])? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.