



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

Otezla® Prior Authorization Request Form

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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:

- Active psoriatic arthritis
- Moderate to severe plaque psoriasis
- Other diagnosis: _____ ICD-10 Code(s): _____

Clinical information:

Select if Otezla is prescribed by or in consultation with one of the following specialists:
 Dermatologist Rheumatologist

Will the patient be receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? Yes No

For active psoriatic arthritis, also answer the following:

Reauthorization:

Is there documentation the patient has had a positive clinical response to Otezla therapy (e.g., improvement in number of swollen/tender joints, pain, or stiffness)? Yes No

Is the patient receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? Yes No

For moderate to severe plaque psoriasis, also answer the following:

Select if the following applies to the patient:

- Greater than 10% body surface area involvement
- Palmoplantar involvement
- Severe scalp psoriasis

Reauthorization:

Is there documentation the patient has had a positive clinical response to Otezla therapy (e.g., improvement in body surface area involvement, or Psoriasis Area and Severity Index [PASI] 75 scoring)? Yes No

Is the patient receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? 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.

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