



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

### Siliq™ 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 <b>generic substitution</b> is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Moderate to severe plaque psoriasis	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<p><b>Clinical Information:</b></p> <p>Is Siliq prescribed by or in consultation with a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select if the patient has had trial and failure, contraindication, or intolerance to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cimzia (certolizumab pegol)</li> <li><input type="checkbox"/> Cosentyx (secukinumab)</li> <li><input type="checkbox"/> Humira (adalimumab)</li> <li><input type="checkbox"/> Skyrizi (risankizumab)</li> <li><input type="checkbox"/> Stelara (ustekinumab)</li> <li><input type="checkbox"/> Tremfya (guselkumab)</li> </ul> <p>Is this request for continuation of prior Siliq therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will the patient be receiving Siliq in combination with a biologic DMARD (e.g., Enbrel [etanercept], Humira [adalimumab], Cimzia [certolizumab pegol], Simponi [golimumab])? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><b>Reauthorization:</b></p> <p><b>If this is a reauthorization, please answer the following:</b></p> <p>Is there documentation the patient has had a positive clinical response to Siliq therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient receiving Siliq in combination with a biologic DMARD (e.g., Enbrel [etanercept], Humira [adalimumab], Cimzia [certolizumab pegol], Simponi [golimumab])? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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

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