



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Otezla (apremilast)

Phone: 800-728-7947

Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:	
Member/Subscriber Number:	Supervising Physician:	
Date of Birth:	Fax:	Phone:
Group Number:	Office Contact:	
Address:	NPI:	State Lic ID:
City, State ZIP:	Address:	
Primary Phone:	City, State ZIP:	
	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What diagnosis is this drug being prescribed for (pick one)? <input type="checkbox"/> Psoriatic arthritis <input type="checkbox"/> Psoriasis <input type="checkbox"/> Other
Q2. Please provide ICD code(s) for diagnosis.
Q3. Is the prescriber a Rheumatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q4. Is the prescriber a Dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Is the patient a new start? <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide start date)
Q6. If for psoriatic arthritis, does the member have documented spinal involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q7. If for psoriatic arthritis, has the patient previously failed methotrexate?



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	Supervising Physician:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. For psoriatic arthritis, if the patient has NOT previously FAILED METHOTREXATE, does the patient have a CONTRAINDICATION to methotrexate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. For psoriatic arthritis, if the patient has a CONTRAINDICATION to METHOTREXATE, has the patient FAILED AT LEAST ONE, or does the patient have CONTRAINDICATION(S) to OTHER DMARDs (hydroxychloroquine, sulfasalazine, leflunomide)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Does the patient have moderate to severe plaque psoriasis affecting greater than 5% of body surface area (BSA)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. Does the patient have moderate to severe plaque psoriasis affecting crucial body areas such as hands, feet, face, or genitals?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12. If for psoriasis, has the patient failed at least TWO TOPICAL treatments [including but not limited to corticosteroids, Vitamin D analogues, Vitamin D analogue/corticosteroid combinations, Tazorac® (tazarotene)]?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13. If for psoriasis, has the patient failed, or does the patient have a contraindication to phototherapy (UVB or PUVA)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q14. If for psoriasis, has the patient failed, or does the patient have a contraindication to methotrexate, cyclosporine, acitretin, leflunomide, sulfasalazine OR tarolimus?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15. Select the agents the patient has failed or was intolerant to	
<input type="checkbox"/> Enbrel	
<input type="checkbox"/> Humira	
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> None	
Q16. Additional Comments	



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Form with fields for Patient Name, Prescriber Name, and Supervising Physician.

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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