SANDHILLS CENTER

Pharmacy Request for Prior Approval – Plaque Psoriasis (Pediatric)
(Enbrel, Stelara, and Taltz)

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescriber Name: _____ NPI #: _____
Mailing address: _____ City: _____ State: _____ ZIP: _____
7. Requester Contact Information: _____
Name: _____ Phone #: _____ Fax #: _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy: __up to 30 days __60 days __90 days __120 days __180 days __365 days __Other: _____

Clinical Information

1. Is the beneficiary age 6 or older? Yes___ No___
2. Does the beneficiary have a diagnosis of moderate to severe Plaque Psoriasis and is a candidate for systemic therapy or phototherapy? Yes___ No___
3. Is the beneficiary on any other injectable immunomodulator? Yes___ No___
4. Has the beneficiary been screened for latent tuberculosis infection? Yes___ No___
5. Has the beneficiary been tested with Hep-B SAG and Core Ab? Yes___ No___
6. Has the beneficiary experienced a therapeutic failure or inadequate response with, or has a contraindication or intolerance to methotrexate? Yes___ No___
7. Does the beneficiary have a body surface area (BSA) involvement of at least 3%? Yes___ No___
8. 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___
9. Has the beneficiary tried and failed Enbrel? Yes___ No___
   9a. If no, please provide the clinical reason why the beneficiary has not tried Enbrel: _____
   _____

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.

Fax to: 1-833-727-3741 or Call PerformRx for help: 1-888-846-1062