# {{PANUMCODE}}

# Otezla

## Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155**. If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506.** For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
**Patient's ID:** {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
**Physician's Name:** {{PHYFIRST}} {{PHYLAST}}
**Specialty: ________________________________, NPI#: __________________________**
**Physician Office Telephone:** {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
**Request Initiated For:** {{DRUGNAME}}

1. Has the patient been diagnosed with any of the following?
   ❑ Moderate to severe plaque psoriasis ❑ Active psoriatic arthritis (PsA)
   ❑ Oral ulcers associated with Behcet's disease ❑ Other ___________________________________
2. What is the ICD-10 code? _______________
3. Will the requested drug be used in combination with any other biologic (e.g., Humira) or targeted synthetic disease-modifying anti-rheumatic drug (DMARD) (e.g., Olumiant, Xeljanz)? ❑ Yes ❑ No
4. Is this request for continuation of therapy with the requested drug?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*
5. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program? *If Yes or Unknown, skip to diagnosis section.* ❑ Yes ❑ No ❑ Unknown
6. Has the patient achieved or maintained positive clinical response as evidenced by low disease activity or improvement in signs and symptoms since starting treatment with the requested drug?
   ❑ Yes ❑ No *No further questions.*

***Complete the following section based on the patient's diagnosis, if applicable.***

Section A: Plaque Psoriasis

7. Has the patient ever received (including current utilizers) a biologic (e.g., Humira) indicated for the treatment of moderate to severe plaque psoriasis? *If Yes, no further questions* ❑ Yes ❑ No
8. Are crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) affected?
   *If Yes, skip to #10* ❑ Yes ❑ No
9. What is the percentage of body surface area (BSA) affected (prior to starting the requested medication)? _____ %
10. Has the patient experienced an inadequate response, or has an intolerance to phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine or acitretin?
    *If Yes, no further questions.* ❑ Yes ❑ No

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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11. Does the patient have a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine and acitretin? ❑ Yes ❑ No ***If Yes, indicate the clinical reason:*** ____________________

Section B: Oral Ulcers Associated with Behcet's Disease

12. Has the patient ever received (including current utilizers) a biologic (e.g., Humira) indicated for the treatment of Behcet's disease? *If Yes, no further questions.* ❑ Yes ❑ No
13. Is this request for the treatment of oral ulcers associated with Behcet's disease? ❑ Yes ❑ No
14. Has the patient had an inadequate response to at least one nonbiologic medication for Behcet's disease (e.g., colchicine, systemic glucocorticoids, azathioprine)? ❑ Yes ❑ No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X**____________________________________________

**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

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