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Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Cosentyx<sup>®</sup> Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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 requesting <b>brand</b>			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"/> Active ankylosing spondylitis					
<input type="checkbox"/> Active psoriatic arthritis					
<input type="checkbox"/> Moderate to severe plaque psoriasis					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical information:</b>					
Is this request for continuation of prior Cosentyx therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select if Cosentyx is prescribed by or in consultation with one of the following specialists:					
<input type="checkbox"/> Dermatologist					
<input type="checkbox"/> Rheumatologist					
Will the patient be receiving Cosentyx in combination with a biologic disease-modifying antirheumatic drug DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For active ankylosing spondylitis, also answer the following:</b>					
Has the patient had trial and failure, contraindication, or intolerance to TWO non-steroidal anti-inflammatory drugs (NSAIDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select if the patient has had a trial and failure, contraindication, or intolerance to the following, or attestation demonstrating a trial may be inappropriate:					
<input type="checkbox"/> Cimzia (certolizumab pegol)		<input type="checkbox"/> Humira (adalimumab)		<input type="checkbox"/> Simponi (golimumab)	
<b>For active psoriatic arthritis, also answer the following:</b>					
Select if the patient has had a trial and failure, contraindication, or intolerance to the following:					
<input type="checkbox"/> Cimzia (certolizumab)		<input type="checkbox"/> Humira (adalimumab)		<input type="checkbox"/> Simponi (golimumab) or <input type="checkbox"/> Stelara (ustekinumab) Simponi Aria (golimumab IV)	
<b>For moderate to severe plaque psoriasis, also answer the following:</b>					
Select if the patient has had a trial and failure, contraindication, or intolerance to the following:					
<input type="checkbox"/> Cimzia (certolizumab)		<input type="checkbox"/> Humira (adalimumab)		<input type="checkbox"/> Stelara (ustekinumab) <input type="checkbox"/> Tremfya (guselkumab)	
<b>Reauthorization:</b>					
<b>If this is a reauthorization request, answer the following questions:</b>					
Is there documentation the patient has had a positive clinical response to Cosentyx therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the patient receiving Cosentyx in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Office use only: Cosentyx\_Comm\_2018Dec-W



## Cosentyx<sup>®</sup> Prior Authorization Request Form (Page 2 of 2)

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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.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.