



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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

## Ilumya™ Prior Authorization Request Form

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"/> Moderate to severe plaque psoriasis <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical Information:</b> Is Ilumya prescribed by or in consultation with a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No Select if the patient has had trial and failure, contraindication, or intolerance to the following: <input type="checkbox"/> Cimzia (certolizumab pegol) <input type="checkbox"/> Cosentyx (secukinumab) <input type="checkbox"/> Humira (adalimumab) <input type="checkbox"/> Stelara (ustekinumab) <input type="checkbox"/> Tremfya (guselkumab) Is this request for continuation of prior Ilumya therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the patient receive Ilumya 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					
<b>Reauthorization:</b> Is there documentation the patient has had a positive clinical response to Ilumya therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the patient receive Ilumya 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					

**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.