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

Otezla® Prior Authorization Request Form

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

Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength: Dosage Form:
❑ Check if requesting **brand**	Directions for Use:
❑ Check if request is for **continuation of therapy**	

Clinical Information (required)

Select the diagnosis below:

❑ Active psoriatic arthritis
❑ Moderate to severe plaque psoriasis
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical information:

Select if Otezla is prescribed by or in consultation with one of the following specialists:
❑ Dermatologist ❑ Rheumatologist

Will the patient be receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? ❑ **Yes** ❑ **No**

For active psoriatic arthritis, also answer the following:

Reauthorization:

Is there documentation the patient has had a positive clinical response to Otezla therapy (e.g., improvement in number of swollen/tender joints, pain, or stiffness)? ❑ **Yes** ❑ **No**

Is the patient receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? ❑ **Yes** ❑ **No**

For moderate to severe plaque psoriasis, also answer the following:

Select if the following applies to the patient:
❑ Greater than 10% body surface area involvement
❑ Palmoplantar involvement
❑ Severe scalp psoriasis

Reauthorization:

Is there documentation the patient has had a positive clinical response to Otezla therapy (e.g., improvement in body surface area involvement, or Psoriasis Area and Severity Index [PASI] 75 scoring)? ❑ **Yes** ❑ **No**

Is the patient receiving Otezla in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (abatacept)]? ❑ **Yes** ❑ **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?

_____

_____

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.