NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

WellCare
Beyond Healthcare. A Better You.

Plaque Psoriasis - (Enbrel, Humira, Stelara)

Beneficiary Information

1. Beneficiary Last Name:_____ 2. First Name:_____
3. Beneficiary ID #:_____4. Beneficiary Date of Birth:_____ 5. Recipient Gender:_____

Prescriber Information

6. Prescribing Provider NPI#:_____
7. Requester Contact Information - Name:_____ Phone #: _____Ext:_____

Drug Information

8. Med requested: _____9a.Strength_____9b. Quantity per 30 days_____9c. Duration____
10 Does the beneficiary have a diagnosis of Plaque Psoriasis? **YES**___ **NO**____
11. Is the beneficiary on any other injectable immunomodulator? **YES**___ **NO**___
12. Has the beneficiary been screened for latent tuberculosis infection? **YES**___ **NO**___
13. Has the beneficiary been tested with Hep B SAG and Core Ab? **YES**___ **NO**____
Date of lab and result:

_____

_____

14. Has the beneficiary experienced a therapeutic failure/inadequate response with methotrexate? **YES**___ **NO**____

15. What is the beneficiary's BSA (body surface area) of involvement? _____**%**

16. 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**____

17. Has the beneficiary failed systemic therapy (methotrexate, cyclosporine, Soriatane) for plaque psoriasis or beneficiary has contraindications to these treatments? **YES**___ **NO**____
List medications failed or reason beneficiary cannot use systemic treatment:

_____

_____

18. If requesting a non-preferred, list preferred tried or reason beneficiary cannot use the preferred.

_____

_____

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 this form to: **(800) 678-3189** Pharmacy PA Call Center: **(866) 799-5318**