15 Earhart Drive, Suite 101, Amherst, NY 14221

PSORIATIC ARTHRITIS AUTHORIZATION/ RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date:	Date Needed:
Date of birth: Sex: Weight:	Prescriber:	Hospital/Clinic:
Home Phone Number: ( )	Phone Number: ( )	Fax Number: ( )
Home Address: City: State: Zip:	Address:	City: State: Zip:
Member's Insurance ID:	Office Phone :	Office Fax Number:
Allergies:	Office Contact:	

STATEMENT OF MEDICAL NECESSITY

ICD10 Code: ________________________

Primary Diagnosis: ____________________

When was patient diagnosed with psoriatic arthritis?_____________

Does patient have any of the below clinical features? ☐ Yes ☐ No

Involvement of DIP joints, asymmetric distribution of joint disease, spondylarthrosis, sausage digits, new bone formation, cutaneous findings, and nail manifestations of psoriatic arthritis?

Has patient had an updated TB test within the last year? ☐ Yes ☐ No
Date of test: _________________ Result:____________________

Has the patient failed to respond to a 3 month trial of conventional agents? (Methotrexate, sulfasalazine, leflunomide, hydroxychloroquine, NSAIDs)
☐ Yes ☐ No
If yes, name and length of therapy_____________________________
____

Other previous treatments: ________________________________
____

Clinical impression: ______________________________________
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DRUG SELECTION

☐ New Authorization Request ☐ Reauthorization Request

☐ **Enbrel**	☐ **Cosentyx**	☐ **Remicade**
☐ **Humira**	☐ **Stelara**	☐ **Otezla**
☐ **Cimzia**	☐ **Orencia**	☐ **Simponi**
☐ **Taltz**	☐ **Xeljanz**	

☐ **OTHER**____________________

☐ **Initial**
Dose: ____________________
Frequency: __________________

☐ **Maintenance**
Dose: ____________________
Frequency: __________________

Will medication be self-injected? ☐ Yes ☐ No

Reauthorization and additional comments

1. **For reauthorization:** Clinical response or remission of disease maintained with continued use? ☐ Yes ☐ No
2. **Please add any additional information in the comments section below:**

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