

ALL OF THE FOLLOWING INFORMATION IS REQUIRED

Primary DX Code?

- L40.0 Plaque psoriasis
- Other _____

- Proof of patient's negative latent TB test. If the test is positive, proof that the patient has begun therapy for latent TB.
- Is the patient concurrently being treated with any other biologic response modifier, Biologic DMARD or other non-biologic immunomodulating agent such as apremilast? _____
- Is the referring provider a dermatologist or has consulted with a dermatologist? _____
- Has the patient tried and had an inadequate response to at least one conventional agent? (acitretin, calcipotriene, cyclosporine, methotrexate, PUVA, tacrolimus, topical corticosteroids) for at least 3 months, or have an intolerance or contraindication to all conventional treatments? _____
- Does the patient have severe active plaque psoriasis (>10% BSA, occurrence in delicate areas, intractable pruritus, etc)? _____
- Does the patient have psoriasis with concomitant severe psoriatic arthritis? _____
- Copy of medication prescription. Include standard information as well as specific instructions if loading doses of desired RX is required. ** NOTE ** Please do **NOT** provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- Copy of Primary and Secondary Medical/Pharmacy Insurance Cards (Please enclose both FRONT & BACK)
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and lab results.
- History of Infusion / Injection treatments (if applicable)
- Does this patient require premedication(s)? If so, please document premedication requirements.
- Is this patient ambulatory Yes / NO
 - Is a wheelchair required Yes / NO

PLEASE NOTE:

- *Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment*
- *OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS*
- *Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.*
- *Please contact our office if medication will be discontinued.*