WellCare
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NC Medicaid and NC Health Choice Pharmacy Prior Approval Request for Immunomodulators Plaque Psoriasis – Pediatric (Enbrel, Stelara and Taltz)

Beneficiary Information

1. Beneficiary Last Name:_____2. First Name: _____
3. Beneficiary ID #:_____4. Beneficiary Date of Birth:_____5. Beneficiary Gender: ____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information –
Name:_____Phone #: _____ Ext. _____

Drug Information

8. Drug Name:_____9. Strength:_____10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): ☐up to 30 Days ☐60 Days ☐90 Days ☐120 Days ☐180 Days ☐365 Days
☐Other_____

Clinical Information

1. Is the beneficiary age 6 or older? ☐**Yes** ☐ **No**
2. Does the beneficiary have a diagnosis of moderate to severe Plaque Psoriasis and is a candidate for systemictherapy or phototherapy? ☐ **Yes** ☐ **No**
3. Is the beneficiary on any other injectable immunomodulator? ☐ **Yes** ☐ **No**
4. Has the beneficiary been screened for latent tuberculosis infection? ☐ **Yes** ☐ **No**
5. Has the beneficiary been tested with Hep B SAG and Core Ab? ☐**Yes** ☐ **No**
6. Has the beneficiary experienced a therapeutic failure or inadequate response with, or has a contraindication orintolerance to methotrexate? ☐**Yes** ☐ **No**
7. Does the beneficiary have a body surface area (BSA) involvement of at least 3%? ☐**Yes** ☐ **No**
8. Does the beneficiary have involvement of the palms, soles, head and neck, or genitalia; causing disruption innormal daily activities and/or employment? ☐**Yes** ☐ **No**
9. Has the beneficiary tried and failed Enbrel? ☐**Yes** ☐ **No**
   9a. If no, please provide the clinical reason why the beneficiary has not tried Enbrel:_____

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**