

**Beneficiary Information**

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

**Prescriber Information**

6. Prescriber Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
7. Requester Contact Information: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Drug Information**

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. Length of Therapy:  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 systemic therapy 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 or intolerance 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 in normal 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.