



Otrexup® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Active polyarticular juvenile idiopathic arthritis (pJIA)	
<input type="checkbox"/> Severe, active rheumatoid arthritis (RA)	
<input type="checkbox"/> Severe, recalcitrant, disabling psoriasis	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
For active polyarticular juvenile idiopathic arthritis (pJIA) or severe, active rheumatoid arthritis (RA), answer the following:	
Is the patient intolerant of or has had an inadequate response to first-line therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient tried and failed one month of a standard dosage form of methotrexate (e.g., oral, injectable) within the last 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For severe, recalcitrant, disabling psoriasis, answer the following:	
Has the patient had inadequate response to other forms of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient tried and failed one month of a standard dosage form of methotrexate (e.g., oral, injectable) within the last 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.