

Please note: All information below is required to process this request.

Fax to 1-844-403-1029

Mon-Sat: 7am to 7pm Central

Sotyktu® 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:		Zip:
		Medication Info	ormation (required)			
Medication Name:		Strength:	Dosage Form:			
☐ Check if requesting brand			Directions for Use:	Directions for Use:		
☐ Check if request	is for continuation of th	erapy				
		Clinical Infor	mation (required)			
Select the diagnos		!-				
	vere chronic plaque psoria :	ICD-10 Code(s):				
Clinical information				()		
	sted medication is prescrib		with one of the following	specialists		
□ Dermatologist □ Other Will the requested medication be used in combination with another biologic agent or targeted immunomodulator? □ Yes □ No						
	evere chronic plaque ps					
following: photothe	d an inadequate response rapy or one or more oral s steroid)? □ Yes □ No	systemic treatments (i.e.,	methotrexate, cyclospo	rine, acitreti		
Quantity limit requ						
	y requested per TREATM		very weeks			
What is the reason for exceeding the plan limitations? ☐ Titration or loading dose purposes						
 Patient is notating does purposed Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime) Requested strength/dose is not commercially available 						
☐ Requested stren	ngth/dose is not commerc	lally available				
Are there any other cothis review?	omments, diagnoses, sym _l	otoms, medications tried o	or failed, and/or any other	information	tne pnysicia	n feels is important to
Please note: Th	is request may be denied un	less all required information	is received			_
Fo	r urgent or expedited reques is form may be used for non-	ts please call 1-855-401-426	62.			
ın	is ioitii illay be used for non-	urgent requests and taxed t	.u 1-044-4u3-1U29.			

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