

Cosentyx Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

 Complete form in its entirety and fax to: Prior Authorization of Benefits Center at **844-474-3341**.

1. Patient information
2. Physician information

Patient name: _____ Patient ID #: _____ Patient DOB: _____ Date of Rx: _____ Patient phone #: _____ Patient email address: _____	Prescribing physician: _____ Physician address: _____ Physician phone #: _____ Physician fax #: _____ Physician specialty: _____ Physician DEA: _____ Physician NPI #: _____ Physician email address: _____
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3. Medication
4. Strength
5. Directions
6. Quantity per 30 days

Cosentyx			Specify:
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7. Diagnosis:

8. Approval criteria: (Check all boxes that apply. **Note:** Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

- Yes No Member has a diagnosis of ankylosing spondylitis, non-radiographic axial spondyloarthritis, psoriatic arthritis and/or moderate to severe plaque psoriasis in the last 730 days.
- Yes No Member has a serious active infection (including hepatitis B virus and/or tuberculosis) in the last 180 days.
- Yes No Member has failed a 30-day treatment trial with at least one preferred agent within the past 180 days.*
- Yes No Member has a documented allergy or contraindication to preferred agents in this class.*
- Yes No The requested medication is being provided and billed at the physician's office.
- Yes No Patient is being treated for stage-four advanced, metastatic cancer and associated conditions.
- Yes No Does the client have a diagnosis of enthesitis-related arthritis (ERA) in the last 730 days?

* PLEASE NOTE: The preferred agents include Enbrel and Humira.

For the *Texas Medicaid Preferred Drug List*, please refer to the Texas Medicaid Vendor Drug Program website at <https://www.txvendordrug.com/formulary/formulary-search>

9. Physician signature

_____ Prescriber or authorized signature	_____ Date
<i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the</i>	

information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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