



Raptiva
(efalizumab)

Prior Authorization Form
Curascript
Fax (888) 773-7386

Last Name		First Name		Prescriber's Name		Specialty	
Home Phone		Work Phone		Office Phone		Office Fax	
Home Address		City	State	ZIP	Address		City State ZIP
VH ID number		Date of Birth		Est. Start Date		Office Contact	
For Specialty Medications Only: Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home				Special Instructions (i.e. Non-English Speaking Patient, etc.):			

Medication:		Diagnosis:	
Sig:	Qty:	Refills:	ICD 9 Code:

Secondary/ Supplemental Insurance Company	Phone	Name of Insured	ID Number	Group Number
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1. Does the patient have a diagnosis of chronic (≥1 year) plaque psoriasis?
2. Is the prescription being prescribed by a dermatologist?
3. Does the patient have a minimum body surface area involvement with plaque psoriasis of ≥15% (patients with plaque psoriasis of the palms, soles, head and neck, or genitalia are not required to have a minimum body surface area involvement)?
4. Has the patient tried a systemic therapy for psoriasis? (eg, methotrexate, azathioprine, cyclosporine, acitretin (Soriatane), tacrolimus (Prograf), efalizumab (Raptiva), etanercept (Enbrel), infliximab (Remicade), mycophenolate mofetil (Cellcept), 6-thioguanine, sulfasalazine, hydroxyurea, propylthiouracil, OR oral methoxsalen plus UVA light [PUVA]) for psoriasis? If so, please specify.
5. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?

Physician's Signature: _____ NPI/DEA #: _____ Date: _____

For Internal Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reviewer's Initials _____	Decision Date _____
Comments _____	

Notice: **Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.