

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**Remicade (infliximab) for Plaque Psoriasis**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF**

**MEDICAL NECESSITY TO 855-828-4992** note the new fax number

**CRITERIA:**

- Age requirement: 18 years old and older
- Diagnosis of chronic severe Plaque Psoriasis
- History of incomplete response or intolerance to one appropriate systemic agent or photo therapy.
- Negative TB skin within the previous 12 months test or history of treatment for latent TB infection
- Absence of active bacterial or viral infection, malignancy, or immunosuppressive condition.
- Dermatology consultation within the last 60 days.
- Remicade may not be given with other biologic agents such as Interferon, experimental medications or combinations.
- Remicade may not be given with Enbrel or Kineret.

**INFORMATION:**

Available as a Non-Traditional Medicaid Benefit.

To be given in clinic setting only. Patients on HMO's (except IHC) will have to make arrangements with their HMO for coverage. Provider will bill with J code J1745 and PA number

**AUTHORIZATION:**

1 year

**RE-AUTHORIZATION:**

An updated letter of medical necessity or progress notes showing improvement or maintenance with medication.

02/15/11

<http://health.utah.gov/medicaid/pharmacy>