

Instructions: How to fill out the Statement of Medical Necessity (SMN)

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ATTACH TO COMPLETED SMN

- A signed PATIENT AUTHORIZATION AND NOTICE OF RELEASE OF INFORMATION form
- Most current office visit note and treatment plan

INSURANCE INFORMATION

- If you fax copies of both sides of the patient's insurance card(s), please make sure that they are enlarged enough so that **all** the information is readable (especially ID#, contact phone number, and address).
- Please fax a copy of the Rx card (if available).

DIAGNOSIS

- If "Other" is checked, ICD9 code is required.

MEDICAL ASSESSMENT WITHIN THE LAST 12 MONTHS

Severity:

- Assessed by examining the degree of plaque erythema, thickness, scaling, and location.
- Overall body surface area (BSA) of psoriasis (1% = palm of patient's hand).
- RAPTIVA® [efalizumab] is approved for moderate to severe plaque psoriasis (if mild, give medical justification).

Type:

- If "Other" is checked, please describe.
- RAPTIVA is approved for moderate to severe plaque psoriasis (if type other than plaque, give medical justification).

Significant Symptoms:

- Pain, burning/stinging, itching, bothered by water, irritation, sensitivity, bleeding, scaling.
- How do symptoms impact physical and/or mental functioning, ability to perform activities, personal relationships, employment, etc?
- Describe impact on quality of life.

Prior Treatments include:

- Treatments that have failed (never worked or provide poor control).
- Treatments that are difficult to use and adherence is an issue (eg, due to travel, employment, school).
- Treatments that are not an option due to the reasons listed under Medical Justification for Prescribing RAPTIVA.

Medical Justification for Prescribing RAPTIVA instead of or in addition to prior treatments includes:

- Safety concerns
- Abnormal lab values (eg, LFT, creatinine, RBC, WBC)
- Side effects (eg, BP)
- Interactions with other drugs
- Lifestyle, proximity to treatment center, childbearing age, or pregnancy
- Adherence to other treatments is an issue (eg, due to travel, employment, school)
- Poor control

BSA: Body Surface Area (1% = palm of patient's hand)

Body Diagram: On the diagram, shade the areas affected by psoriasis with blue or black ink.

PRESCRIPTION

Prescription Type: Please check the box that applies. New Start is a patient who has never been on RAPTIVA. Continuing Therapy is a patient who is continuing therapy *without* interruption. Restart is a patient who is starting therapy *after* an interruption.

Injection Training: Please check the box which indicates the method you prefer.

Conditioning Dose: A single 0.7-mg/kg SC dose is given at the start of therapy.

Weekly Dose: The recommended dose of RAPTIVA is a weekly SC dose of 1 mg/kg (maximum dose not to exceed a total of 200 mg).

REMINDER: This form cannot be processed without a prescriber's signature and a signed PATIENT AUTHORIZATION AND NOTICE OF RELEASE OF INFORMATION form.