



UnitedHealth Group®

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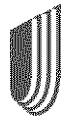
APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

05/14/2021

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United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104



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A UnitedHealth Group Company

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United Healthcare
Attn: Appeals Department
P.O. Box 30432
Salt Lake City, UT 84130-0432
Fax# 800-994-1058

--THIS IS AN APPEAL REQUEST--

I would like to request coverage of Taltz for my patient:

Melissa Butts
09/01/1960
ID#: 84075864101
PA#: PA-85418421
ICD10: L40.0

Ms. Melissa Butts is a 60 year old female suffering with moderate to severe Plaque Psoriasis. The patient has a large BSA affecting her throughout body. She has failed treatment with Topical steroids. Phototherapy is not recommended due to the plaques located on sensitive areas. Oral DMARDs are not recommended due to immunosuppressive properties and side effects. Due to her condition, immediate, effective and tolerable therapy is needed. **Her condition is worsening and her quality of life is being greatly affected.** Please reconsider the determination for coverage of Taltz.

In all three studies, at 12 weeks, 87% to 90% of patients treated with ixekizumab saw a significant improvement of their psoriasis plaques (PASI 75). In addition, 81% to 83% of patients treated with ixekizumab achieved sPGA 0 or 1. In UNCOVER-1 and UNCOVER-2, of patients who responded to ixekizumab (sPGA 0 or 1 and at least a 2-point improvement from baseline) at 12 weeks, 75% consistently maintained that response at the 60-week end point.

Taltz will NOT be used in combination with a Biologic DMARD nor a Janus Kinase Inhibitor.

Request is for Taltz 80mg Pen (00002-1445-11) 160 mg subcutaneously week 0, 80 mg subcutaneously every 2 weeks (week 2-12) then 80 mg every 4 weeks. Quantity 3 for month 1, quantity 2 for months 2 and 3, then 1 pen every month.



Lauren Hughes, PA-C
Phone: 972-985-9003
Fax: 972-985-1176

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.



Lauren Hughes
4001 Long Prairie Rd Ste 145
Flower Mound, TX 75028

Hours of Operations:
5 a.m. - 10 p.m. PT, Monday-Friday
6 a.m. - 3 p.m. PT, Saturday

Address:
P.O. Box 25183
Santa Ana, CA 92799

Date: 03/01/2021

To: Lauren Hughes
Phone: (972)985-9003
Fax: 9729851176
Reference #: PA-83418421
RE: Prior Authorization Request

From: OptumRx
Phone: 1-800-711-4555

Patient Name: Melissa Butts Patient DOB: 09/01/1960
Patient ID: 84075864101 Status of Request: Deny
Medication Name: Taltz Inj 80mg/ML GPI/NDC: 9025055400D520

Decision Notes:

The request for coverage for Taltz 80mg/ml, use as directed (3 per month), is denied. This decision is based on health plan criteria for Taltz. This medicine is covered only if: All of the following: (1) You have a history of failure to a 3 month trial of methotrexate at maximally indicated dose, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial). (2) You have a history of failure, contraindication, or intolerance to two of the following preferred biologic products* (document drug, date, and duration of trial):

(a) Humira (adalimumab)*, (b) Stelara (ustekinumab)*, (c) Tremfya (guselkumab)*, (d) Cimzia (certolizumab)*, (e) Skyrizi (risankizumab)*, (3) One of the following (document drug, date, and duration of trial): (a) You have a history of 6 month trial of Cosentyx (secukinumab)* with moderate clinical response yet residual disease activity, (b) Both of the following: (i) You have a history of intolerance or adverse event to Cosentyx, (ii) Your physician attests that in his/her clinical opinion the same intolerance or adverse event would not be expected to occur with Taltz. The information provided does not show that you meet the criteria listed above. *Please note: These products may require prior authorization.

Reviewed by: SIV, Pharm.D.

If the treating physician would like to discuss this coverage decision with the physician or health care professional reviewer, please call OptumRx Prior Authorization department at 1-800-711-4555.

This document and others if attached contain information from OptumRx that is proprietary, confidential and/or may contain protected health information (PHI). We are required to safeguard PHI by applicable law. The information in this document is for the sole use of the person(s) or company named above. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately and return the document(s) by mail to OptumRx Privacy Office, 17900 Von Karman, M/S CA016-0203, Irvine, CA 92614.



03/01/2021

Lauren Hughes
4001 Long Prairie Rd Ste 145
Flower Mound, TX 75028

Plan member ID: 84075864101
Case number: PA-85418421
Prescriber name: Lauren Hughes
Prescriber fax: 9729851176

NOTICE OF DENIAL

Dear Melissa Butts,

On behalf of UnitedHealthcare, OptumRx® is responsible for reviewing pharmacy services provided to UnitedHealthcare members. We received a request from your prescriber for coverage of Taltz Inj 80mg/ML.

We reviewed all of the information you and/or your doctor sent to us and sent the information to an appropriate physician specialist if needed. Unfortunately, we must deny coverage for Taltz.

Why was my request denied?

This request was denied because you did not meet the following clinical requirements:

The requested medication is not covered because it is not on the listing or formulary of approved drugs for your plan benefit. Please discuss alternative drug therapy with your doctor.

The request for coverage for Taltz 80mg/ml, use as directed (3 per month), is denied. This decision is based on health plan criteria for Taltz. This medicine is covered only if: All of the following: (1) You have a history of failure to a 3 month trial of methotrexate at maximally indicated dose, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial). (2) You have a history of failure, contraindication, or intolerance to two of the following preferred biologic products* (document drug, date, and duration of trial): (a) Humira (adalimumab)*, (b) Stelara (ustekinumab)*, (c) Tremfya (guselkumab)*, (d) Cimzia (certolizumab)*, (e) Skyrizi (risankizumab)*. (3) One of the following (document drug, date, and duration of trial): (a) You have a history of 6 month trial of Cosentyx (secukinumab)* with moderate clinical response yet residual disease activity. (b) Both of the following: (i) You have a history of intolerance or adverse event to Cosentyx. (ii) Your physician attests that in his/her clinical opinion the same intolerance or adverse event would not be expected to occur with Taltz. The information provided does not show that you meet the criteria listed above. *Please note: These products may require prior authorization.
Reviewed by: SFV, Pharm.D.

This denial is based on our Taltz drug coverage policy; in addition to any supplementary information you or your prescriber may have submitted.

This plan is subject to the protections provided under the Mental Health Parity and Addiction Equity Act (MHPAEA). Coverage provided for mental health and substance use disorder must be equitable to services covered under the medical benefits available on this plan. If you believe that your rights under MHPAEA have been violated, you may contact the Office of the Ombudsperson for Behavioral Health Access to Care, or the Division, at Colorado Division of Insurance, Consumer Services, 1560

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Broadway, Ste. 850, Denver, CO 80202, dora_insurance@state.co.us or 303-894-7490 or 800-930-3745 (in-state, toll-free).

You may also request a copy of the medical necessity criteria for any behavioral, mental health, or substance use disorder benefit and it will be provided to you at no additional cost.

How can I obtain the material(s) used to review this request?

You may request, free of charge, a copy of the drug coverage policy, actual benefit provision, guideline, protocol or other information that factored into the decision, including the diagnosis code and the treatment code and their corresponding meanings, by calling us at 1-800-711-4555, or by writing to the address below:

OptumRx
c/o Prior Authorization Guidelines
P.O. Box 25183
Santa Ana, CA 92799

Please note that this decision only affects whether your prescription plan will pay for this medication. Only you and your prescriber can decide what is best for you and your treatment. You may still buy this medication (at full cost) at your local pharmacy.

What if my prescriber wants to discuss this decision with a peer?

Your provider/prescriber is given an opportunity to request a peer-to-peer conversation regarding an adverse determination by the reviewer making the adverse determination. Such a request may be made either in writing (to the address above) or orally by contacting us at 1-800-711-4555.

APPEAL PROCESS

What if I don't agree with this decision?

You have the right to appeal any decision that denies payment for an item or service (in whole or in part). You may also submit written comments, documents or other information relevant to the appeal.

Who may file an appeal?

You, your provider/prescriber, or your designated representative (someone you name to act for you, such as a family member, an attorney or a friend) may file an appeal. UnitedHealthcare reserves the right to establish and implement reasonable procedures to determine whether an individual has been authorized to act as your representative.

How do I file an appeal?

You have the right to appeal this medication coverage decision within 180 calendar days from the date of this denial notification. You or your prescriber can get appeals information, including independent appeal rights, by calling the toll-free member number listed on your health plan ID card. You can also review your plan's prescription drug benefit information or contact your benefits office for more detailed information regarding the appeal process.

To file an appeal, please send any written comments, documents or other relevant documentation with your appeal to the address listed below:

UnitedHealthcare Appeals
P.O. Box 30432
Salt Lake City, UT 84130-0432

Phone: Please call the toll-free member number listed on your health plan ID card.

Fax: 1-801-994-1345

Expedited / Urgent Fax: 1-801-994-1058

How long does the appeals process take?

If you proceed with the appeals process, UnitedHealthcare will review the denial decision and provide you with a written determination within 30 days of receiving your appeal.

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If any of the following occurs, you may be able to request an external review of your claim by an independent third party, known as an independent external review (IER) entity, which will review the denial and issue a final decision:

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- You do not receive a timely decision
- UnitedHealthcare continues to deny the payment, coverage or service requested after the final level of internal appeal
- UnitedHealthcare does not adhere to certain legal requirements regarding claims procedures

Exception Requests Appeal for Coverage of Clinically Appropriate Non-Formulary Drugs

If your denial is for a non-formulary exception request, the following timeframes will apply:

Standard (non-expedited) requests -- we will notify you, your authorized representative, and the prescriber of the determination no later than 72 hours after receipt of the request. If the request is granted, the excepted drug will be covered for the duration of the prescription, including refills.

Expedited requests due to exigent circumstances -- we will notify you, your authorized representative, and the prescriber of the determination no later than 24 hours after receipt of the request. If the request is granted, the excepted drug will be covered throughout the exigency. (Exigent circumstance is when you are suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug.)

What if my appeal is urgent?

If your situation meets the definition of urgent under the law, and is NOT for a non-formulary exception request denial, your review will be rushed. Generally, an urgent situation is one in which the standard time frame for a decision:

- Could seriously jeopardize your life or health or your ability to regain maximum function, based on a prudent layperson's judgment
- In the opinion of a practitioner with knowledge of your medical condition, would subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request

If you believe your situation is urgent, you may request an expedited appeal by calling UnitedHealthcare at the toll-free member number listed on your health plan ID card.

You will be notified of the result of your expedited appeal within 72 hours from the receipt of the appeal request. If you are in an urgent situation, you may be allowed to proceed with an expedited external review at the same time as the internal appeals process under your plan.

EXTERNAL REVIEW PROCESS

What is an external review?

An external review is a complete re-examination of your case by an independent external review (IER) entity.

Who may file an external review?

You, your provider/prescriber or your designated representative may request an external review.

How do I file an external review?

A request for an external review may be made after if we fail to comply with any of the internal appeal requirements. A request for an external review may be made concurrent to an expedited request for a first level internal review.

To file an external review, you must send UnitedHealthcare a letter within four (4) months of completion of the internal appeal process (or if you meet the situation above under "What if my appeal request is urgent?") and explain the reason for your disagreement with this denial decision.

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UnitedHealthcare will forward a copy of your external review request to a contracted Independent External review entity to the Commissioner of Insurance within 2 (two) working days (within one (1) working day a request for an expedited external review) of the time the Commissioner receives a request for an expedited external review of receiving your request. The Commissioner will assign an independent external review (IER) entity, and notify us of the name and address of the independent external review entity to which the appeal should be sent. UnitedHealthcare will notify you or designated representative within one (1) working day of the independent external review entity that the Commissioner selected and information on how you or your designated representative may provide the Commissioner with documentation regarding any potential conflict of interest of the independent external review entity.

Within five (5) working days of receipt of the notice from us, you or your designated representative may provide additional information to the independent external review entity that will be considered during the review. The independent external review organization is not required to, but may, accept and consider additional information submitted after five (5) working days. The independent external review organization will forward this information to us within one (1) working day of receipt. In reaching a decision, the independent external review entity is not bound by any decisions or conclusions reached during UnitedHealthcare utilization review process or our internal appeal process

Within five (5) working days from the date we receives notice from the Commissioner, we will deliver to the assigned independent external review entity documents and information, when applicable, that were considered in making the adverse determination.

Upon request, we will provide you or your designated representative all relevant information supplied to the independent external review entity that is not confidential or privileged under state or federal law concerning the case under review.

The IER will notify you of any additional medical information required to conduct the review after receipt of the documentation. Within five (5) working days of such a request, you or your designated representative may submit the additional information, or an explanation of why the additional information is not being submitted to the independent external review entity and UnitedHealthcare.

The IER will provide you a written notice of the final external review decision within 45 days after the IER receives the request for the external review, or within 72 hours for urgent requests. If the IER overturns the denial, UnitedHealthcare will authorize or pay for the services in question.

To file an external appeal and provide additional information about your request, please send any written comments, documents or other relevant documentation with your appeal to the address listed below:

UnitedHealthcare Appeals
P.O. Box 30432
Salt Lake City, UT 84130-0432

Phone: Please call the toll-free member number listed on your health plan ID card.
Fax: 1-801-994-1345
Expedited / Urgent Fax: 1-801-994-1058

What if my external review request is urgent?

You or your designated representative may make a request for an expedited external review with us if you have a medical condition, where the timeframe for completion of a standard external review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function, or if you are disabled, create an imminent and substantial limitation of your existing ability to live independently. Your request for an expedited review must include a physician's certification that the your medical condition meets the criteria as described. We will notify and send a copy of your request for an expedited external review to the Commissioner within one (1) working day.

You may request an expedited external review by contacting us within four (4) months of the date of this notice by calling the toll-free member number listed on your health plan ID card or by faxing 1-801-994-1058.

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OTHER RESOURCES TO HELP YOU (EMPLOYER GROUP PLAN)**Availability of Consumer Assistance/Ombudsman Services**

There may be other resources available to help you understand the ("appeals" or "grievance") process.

Your state consumer assistance program may also be able to assist you at:

U.S. Department of Labor
Employee Benefits Security Administration
Dallas Regional Office
525 South Griffin Street, Room 900
Dallas, TX 75202
(972) 850-4500
(866) 444-EBSA (3272)
<http://www.dol.gov/ebsa/>

Who reviewed this request?

This request has been reviewed by a physician or pharmacist, who is a reviewer for OptumRx on behalf of UnitedHealthcare, with the appropriate qualifications. Adverse determinations based on medical necessity were reviewed by a licensed physician familiar with standards of care in Colorado.

If you have any additional questions, please call us toll-free at 1-800-711-4555.

Sincerely,

OptumRx

cc: Lauren Hughes

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Nondiscrimination Notice and Access to Communication Services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to

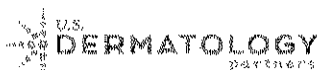
OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 1-800-362-6223, TTY 711
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue,
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

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BUTTS, MELISSA

Visit Note - February 13, 2021

PMS ID:
3556486

Sex:
Female

DOB:
09/01/1960

MRN:
3556486

Medical History

Reviewed and no changes noted
February 13, 2021.
Other: Cold Sores
Psoriasis
Blood Clots
Seasonal Allergies

Surgical History

Reviewed and no changes noted
February 13, 2021.
Other: Blood Clot 1976
Hemorrhoid 1997
D&C 1998
C-section X2

Skin Conditions

Reviewed and no changes noted on
February 13, 2021.
Psoriasis

Skin Protection

Reviewed and no changes noted on
February 13, 2021.
Do you wear sunscreen?: No
Do you tan in a tanning salon?: No

Family History of

Melanoma

Reviewed and no changes noted on
February 13, 2021.
Do you have a family history of
Melanoma?: No
None

Social History

Reviewed and no changes noted
February 13, 2021.
EIOH none
Smoking status - Never smoker

Medications

Obtained and Reviewed February 13,
2021.
Eritel 0.005-0.064 % Topical - foam
hydrocortisone 2.5 % Topical - cream
Locoid 0.1 % Topical - cream
Latisse 0.03 % Base Of The
Eyelashes - drops with applicator
progesterone 50 mg/mL Intramuscular
- oil

Allergies

Reviewed February 13, 2021.
No known drug allergies

ROS

Provider reviewed on Feb 13, 2021.

A focused review of systems was
performed including integumentary
and was notable for ***NEW
PATIENTS***.

No Slow Wound Healing And No
Abnormal Scarring.

Chief Complaints:

1. Evaluation of Skin Lesions
2. Follow Up Atypical Nevus
3. Rash

HPI: This is a 60 year old female who:

1. is being seen for evaluation of skin lesions.

Location: body throughout

Quality: asymptomatic

Severity: mild

Duration: years

History of Previous Treatments: has not been treated

Pertinent History: dysplastic nevus

Pertinent Negatives: no family history of melanoma and no family history of non-melanoma skin cancer

Additional Visit Reasons: education and counseling about sun exposure and evaluation of current nevus

2. presents for follow up atypical nevus. The patient requests evaluation of the following lesion: , clinically atypical nevus located on RT upper arm.
3. is being seen for a chief complaint of rash.

Location: trunk

Rash Type: flaking and itchy

Severity: mild

Duration: months

Pertinent Negatives: no blisters, no cough, and no chills

Pertinent Details: no household contacts with similar rash, no new medications, and no new personal care products

Current Medications: enalapril, htc 2.5% cream

Additional History: Pt been treated for psoriasis in past and unsure if this is the cause of her flare

Historical Summary:

Minimum standards of safe practice discussed with patient before physical examination performed. Mask worn by staff, provider and patient. Screening for COVID-19 today is negative.

Exam:

An examination was performed including the scalp (including hair inspection), head (including face). Inspection of conjunctivae and lids, inspection of lips, teeth and gums, lips (but not teeth and gums), nose, right ear, left ear, neck, chest, abdomen, back, right upper extremity, left upper extremity, right lower extremity, left lower extremity, buttocks and groin (but not genitalia), right hand, left hand, right foot, left foot, and inspection and palpation of digits and nails.

General Appearance of the patient is well developed, well groomed, and well nourished.

Orientation: alert and oriented x 3.

Mood and affect: pleasant.

The following people were also present during my examination: my medical assistant.

Findings in the above examined areas were normal with the exception of the following exam descriptions below:

Data Reviewed:

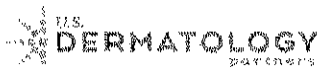
5 Ordering of each unique test (QUANTIFERON(R)-TB GOLD PLUS, 1 TUBE, CBC (INCLUDES DIFF/PLT), HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFI, HEPATITIS PANEL, GENERAL, COMPREHENSIVE METABOLIC PANEL)

Lauren Hughes, PA (Primary Provider) (Bill Under)
(972) 985-9009 Work

LQPR - Flower Mound - Long Prairie
4001 Long Prairie Road
Suite 143
Flower Mound, TX 75028

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Visit Note - February 13, 2021

PMS ID:
3556486Sex:
FemaleDOB:
09/01/1960MRN:
3556486

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Family History

Reviewed and no changes noted
February 13, 2021.
Family history: Psoriasis (situation)
- Father

Family history: Psoriasis (situation)
- Sister

Other: Atopic Keratosis-Mother
Father Lichen Planus
Sister Lichen Planus

Impression/Plan:

1. **Psoriasis - Genital/Perianal flaring as well** Discussed topicals vs orals vs biologic therapy. Pt has tried and failed many topical steroids in the past including Enstilar foam, Sollux foam, clobetasol cream and Locoid lotion. Task sent to Stact to obtain insurance approval for Taltz (L40.0)
Psoriasisiform plaques with micaceous scale distributed on the left upper back, abdomen, and gluteal cleft.
Status: Inadequately Controlled
Total Body Surface Area (%): 5.0

Plan: Counseling.

I counseled the patient regarding the following:

Skin care: Emollients, ambient sun exposure, shampoos with tar, selenium or zinc pyrithione can improve psoriasis.

Expectations: Psoriasis is chronic in nature with periods of remissions and flares. Flares can be triggered by stress, infections (group A strep), certain medications and alcohol.

Contact office if: Psoriasis worsens, or fails to improve despite several months of treatment.

I recommended the following:

Cleaners
Moisturizers
Topical Steroids

Otezla Counseling: The side effects of Otezla were discussed with the patient, including but not limited to worsening or new depression, weight loss, diarrhea, nausea, upper respiratory tract infection, and headache. Patient instructed to call the office should any adverse effect occur. The patient verbalized understanding of the proper use and possible adverse effects of Otezla. All the patient's questions and concerns were addressed. I discussed with the patient the risks of ixekizumab including but not limited to immunosuppression, serious infections, worsening of inflammatory bowel disease and drug reactions. The patient understands that monitoring is required including a PPD at baseline and must alert us or the primary physician if symptoms of infection or other concerning signs are noted.

I discussed with the patient that prolonged use of topical steroids can result in the increased appearance of superficial blood vessels (telangiectasias), lightening (hypopigmentation) and thinning of the skin (atrophy). Patient understands to avoid using high potency steroids in skin folds, the groin or the face. The patient verbalized understanding of the proper use and possible adverse effects of topical steroids. All of the patient's questions and concerns were addressed.

Plan: Taltz Initiation.

Indications:

Patient has generalized psoriasis and isn't a candidate for systemic therapy.
Patient has been unresponsive to aggressive topical therapy.

Failed Treatments: Topical Steroids

Dosing: 160mg SC x 1 at weeks 0 then 80mg SC at weeks 2, 4, 6, 8, 10 and 12 then 80mg SC every four weeks

Taltz Counseling:

I discussed with the patient the risks of ixekizumab including but not limited to immunosuppression, serious infections, worsening of inflammatory bowel disease and drug reactions. The patient understands that monitoring is required including a PPD at baseline and must alert us or the primary physician if symptoms of infection or other concerning signs are noted.

Taltz Monitoring:

A yearly test for tuberculosis is required while taking Taltz.

Plan: Prescription.

Enstilar 0.005 %-0.064 % topical foam TP
Sig: Apply to rash no more than 2 weeks/month as needed
Quantity: 1 Container Refills: 2

hydrocortisone 2.5 % topical cream TP

Sig: Apply to rash flare up no more than 2 weeks/month as needed
Quantity: 1 Tube Refills: 2

Plan: Prescription Medication Management.

Continue the following treatments: Enstilar 0.005 %-0.064 % topical foam
Sig: Apply to rash no more than 2 weeks/month as needed

hydrocortisone 2.5 % topical cream

Sig: Apply to rash flare up no more than 2 weeks/month as needed.

2. High Risk Medication Monitoring

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BUTTS, MELISSA

Visit Note - February 13, 2021

PMS ID:
3556486

Sex:
Female

DOB:
09/01/1960

MFN:
3556486

(279.898)

The risks and benefits of the medication were reviewed in full with the patient. Should any side effects occur, the patient will stop the medication and contact me immediately.

Plan: Order Tests.

Labs:

6462 - HEPATITIS PANEL, GENERAL
10231 - COMPREHENSIVE METABOLIC PANEL
36970 - QUANTIFERON(R)-TB GOLD PLUS, 1 TUBE
6399 - CBC (INCLUDES DIFF/PLT)
91431 - HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL

3. Clinically Atypical Nevil

(D22.61 and D22.5)

Irregular brown macules and papules with benign pattern on ELM. These moles have been stable and have no concerning features for malignancy. distributed on the right upper arm, left mid back, and right upper back.

Plan: Counseling.

I counseled the patient regarding the following:

Education: The importance of regular self skin checks to monitor for any changes in mole size, shape or color was reviewed with the patient.

Expectations: Atypical Nevil need to be monitored on a regular basis by patients and dermatologists for changes since they have the potential to turn into melanoma.

Contact office if: Any moles change in size, shape or color, or itch, burn or bleed.

I recommended the following:

Sunscreen

Self-Skin Exams

Plan: Observation and Measure.

Size: 2mm - right upper arm.

Size: 3mm - left mid back.

Size: 3mm - right upper back.

4. Seborrheic Keratoses

(L82.1)

Stuck-on, warty, greasy brown papules with pseudo-horn cysts

distributed on the body throughout and face.

Pain Intensity: 0.0 - No Pain

Plan: Counseling.

I counseled the patient regarding the following:

Skin Care: Seborrheic Keratoses are benign. No treatment is necessary.

Expectations: Seborrheic Keratoses are benign warty growths. Patients get more of them as they age.

Plan: Other.

LN2 performed in clinic today. Advised patient to apply Vaseline or Aquaphor BID until areas are completely healed. Quoted \$50 for cosmetic treatment today

5. Lentigines - Handout provided on IPL today

(L81.4)

Reticulated light tan macules in sun distribution

located on the body throughout.

Plan: Counseling.

I counseled the patient regarding the following:

Skin Care: Lentigines can resolve with broad spectrum sunscreen, sun avoidance, bleaching creams, retinoids, chemical peels and laser.

Expectations: Lentigines are benign pigmented lesions that occur on sun-exposed and sun-damaged skin. They are easily treatable.

6. Cherry Angiomas

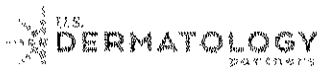
Skin and Subcutaneous Tissues (D18.01)

Bright cherry-red papules

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**BUTTS, MELISSA**

Visit Note - February 13, 2021

PMS ID:
3556486Sex:
FemaleDOB:
09/01/1960MPN:
3556486

located on the trunk.

Plan: Counseling.

I counseled the patient regarding the following:

Skin Care: Cherry Angiomas can resolve with lasers or electrodesiccation.

Expectations: Cherry Angiomas are benign vascular growths. No treatment is necessary.

7. **Benign Appearing Nevil**

(D22.72, D22.71, D22.5, D22.62, and D22.61)

Regular, symmetrical, evenly-colored papules and macules distributed on the arms, legs, and trunk.

Plan: Counseling.

I counseled the patient regarding the following:

Instructions: Monthly self-skin checks to monitor for any changes in moles are recommended.

Expectations: Benign Nevil are pigmented nests of cells within the skin. No treatment is necessary.

Contact Office if: Any moles change in size, shape or color; itch, burn or bleed.

8. **Skin Education**

(Z71.89)

Plan: Counseling.

I counseled the patient regarding the following:

Recommended broad spectrum sun screen (SPF 30 or higher) with zinc oxide or titanium dioxide be applied daily, especially during peak UV exposure (between 10am and 2pm) and reapplied after every 80 minutes of outdoor exercise or swimming; also recommended sun protective clothing and wide brim hats.

The ABCDEs of melanoma were reviewed with the patient, and the importance of monthly self-examination of moles was emphasized. Should any moles change in shape or color, or itch, bleed or burn, patient will contact our office for evaluation sooner than their interval appointment.

I recommended the following:

Sunscreen

Self-Skin Exams

Plan: Sunscreen Recommendations

I recommended a broad spectrum sunscreen with a SPF of 30 or higher. I explained that SPF 30 sunscreens block approximately 97 percent of the sun's harmful rays. Sunscreens should be applied at least 15 minutes prior to expected sun exposure and then every 2 hours after that as long as sun exposure continues. If swimming or exercising sunscreen should be reapplied every 45 minutes to an hour after getting wet or sweating. One ounce, or the equivalent of a shot glass full of sunscreen, is adequate to protect the skin not covered by a bathing suit. I also recommended a lip balm with a sunscreen as well. Sun protective clothing can be used in lieu of sunscreen but must be worn the entire time you are exposed to the sun's rays.

9. **MIPS****Plan: MIPS Quality.**

Quality 226 (Tobacco Use Screening and Cessation Intervention): Patient screened for tobacco use and is an ex/non-smoker

Quality 431 (Unhealthy Alcohol Use Screening): Patient screened for unhealthy alcohol use using a single question and scores less than 2 times per year

Quality 130 (Documentation of Current Medications in the Medical Record): Current Medications Documented

Quality 110 (Influenza Immunization): Influenza Immunization Administered during Influenza season

Quality 131 (Pain Assessment and Follow-Up): Pain assessment using a standardized tool is documented as negative, no follow-up plan required

Follow up in 1 year for: Skin Check - 10 minutes. Other instructions: with LH**Staff:**

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Brandy Street, MA (scribe)

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