Stelara® (ustekinumab) Prior Authorization Form

Complete Patient and Physician information (PLEASE PRINT)

STEP 1

Member Name:	Physician Name:
Address:	Address:
Member ID:	Phone #:
Member DOB:	Fax #:
	Tax ID or NPI Number:

If Applicable: Pharmacy Name: ______________________________
Pharmacy Phone: ______________________________

STEP 2

Complete the Clinical Assessment:

Diagnosis	☐ Moderate to Severe Chronic Plaque Psoriasis ☐ Other: ______________________________
Clinical Consideration if using high dosing range (90mg)	Standard dose of Stelara® is 45mg every 12 weeks. Doses of 90mg are only indicated for patients > 100kg, and significantly cheaper options do exist for these patients. If a 90mg dose is intended, please certify: ☐ Patient weight is ≥ 100kg ***AND*** ☐ Patient has tried and failed at least one other biologic DMARD. ***Please indicate which:*** ______________________________
Physician Specialty	☐ Dermatology ☐ Physician experienced with Stelara therapy (please state): ____________
Supporting Documentation	Diagnosis: ICD-9/10 Code #/ Description / J Code (required):
	Please attach a copy of the prescription or provide ALL of the information below: Stelara® (ustekinumab) Strength ______________________________ Sig ______________________________ Qty ______________________________ Refills
	Please attach all relevant medical records and test results **We will not process incomplete forms.** **If we do not receive the completed form & all relevant medical records & test results within 10 calendar days of this request, it will be denied.**

STEP 3

I certify that the above is correct and accurate to the best of my knowledge and that the form is complete. (please sign and date)

______________________________ ______________________
Prescriber Signature Date

STEP 4

Fax completed form to the Rocky Mountain Health Plans Pharmacy Help Desk:

970-248-5034

Name of Person filling out form: ______________________________

Pharmacy Technician initials ______ Date Initiated ______________________

Confidentiality Notice:

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