

PREAUTHORIZATION FORM
Stelara™
(Ustekinumab)

Therapeutic use: treatment of moderate to severe plaque psoriasis in adults (≥18 years) who are candidates for phototherapy or systemic therapy.

Quantity Limit: 90 mg per injection, 5 injections the first year and 4 injections each subsequent year

- ≤100 kg (220 lbs), give 45 mg initially, at 4 weeks, and then every 12 weeks
- >100 kg (220 lbs), give 90 mg initially, at 4 weeks, and then every 12 weeks

Authorization Period: 1 year

Patient's name _____

Patient's ID# [][][][][][][][][] DOB [][] / [][] / [][][][][]

ICD-9 [][][][][][][][][][]

Physician's name _____

Physician's Ph# ([][][][]) [][][][] - [][][][][] Fax# [][][][] - [][][][][]

Physician's signature _____ Date signed [][] / [][] / [][][][][]

Supervising Physician's name _____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" or answer the following questions:			
1.	Is the prescribing physician a dermatologist or has a dermatologist been consulted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is the patient diagnosed with chronic plaque psoriasis involving ≥10% body surface area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	If ≤10% of the body is involved, is there scalp, palmar, foot, or groin involvement causing significant disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the patient failed ≥12 weeks of methotrexate, cyclosporine, or acitretin therapy? If no, please list the contraindication(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Do not start ustekinumab during an active infection. • Patients should be evaluated for TB before starting ustekinumab. Treatment for latent TB infections should be started before ustekinumab is given. 			

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.