

Stelara (Ustekinumab injection) J3357 Request

Please Fax Response to: 1-866-668-1214

Medical Request Coordinator

Please Print. Please provide the information below. PRINT your answers, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Without this information, the request may be denied in 30 days.

DATE OF REQUEST	CLIENT NAME	PROVIDER ONE CLIENT ID
PRESCRIBER'S NAME		BILLING PROVIDER NPI NUMBER
TELEPHONE NUMBER	FAX NUMBER	DRUG/STRENGTH/DOSE (Procedure/HCPC Code: J3357)
<p>Is considered medically necessary under the following conditions:</p> <p>Stelara is being used to treat moderate to severe plaque psoriasis (include diagnosis confirmation date); and Stelara is prescribed by a dermatologist; and</p> <ol style="list-style-type: none"> Client is 18 years of age or older; Client has tried and failed course of Enbrel or Humira (include dates and doses of trials); and Dose does not exceed a maximum dose of 90mg every 12 weeks after initial induction dose given, 90mg for 4 weeks. 		
<ol style="list-style-type: none"> Age of client: _____ What is the confirmation date for severe plaque psoriasis diagnosis? Please attach supporting objective clinical documentation. Client must have tried and failed other drugs for severe plaque psoriasis. What alternative medication(s) have been tried? What were the outcomes? How long was the trial? 		
<ol style="list-style-type: none"> If no other medication has been tried please explain why not. 		
<ol style="list-style-type: none"> If the requested dose is >90mg every 12 weeks after initial induction dose given, 90mg for 4 weeks, please provide justification and/or peer-reviewed medical literature providing evidence of safety and efficacy for dosing greater than what is FDA approved. 		
<ol style="list-style-type: none"> Additional information: 		
PRESCRIBER SIGNATURE	PRESCRIBER SPECIALTY	DATE

A copy of the prescription must be attached to this request.

Fax to: **1-866-668-1214**

Or mail to: Medical Request Coordinator

PO Box 45535

Olympia, WA 98504-5535

A typed and completed *General Authorization for Information* form (13-835) must be attached to your request.