ConnectiCare

Pharmacy Pre-authorization Form: Stelara

Today's Date: ___________________________ Physician Name: ______________________________

Member Name: __________________________ Physician Address: ____________________________

Member ID Number: ______________________ Physician Telephone: ___________________________

Member DOB: ___________________________ Physician Fax: _______________________________

CROHN'S DISEASE	PSORIASIS	PSORIATIC ARTHRITIS
LOADING DOSE: **Please Circle the correct Weight Range (KG) and Loading Dose:** ☐ Up to 55kg = 260mg (2 vials) ☐ >55kg to 85kg = 390mg (3 vials) ☐ >85kg = 520mg (4 vials)	**DOSE:** **Please Circle the correct Weight Range (KG) and Dose:** ☐ Up to 110KG = 45mg ☐ >110kg = 90mg ****NOTE: 90mg dose will only be approved after a failure of 45mg	**LOADING DOSE:** 45 mg initially and 4 weeks later **MAINTENANCE DOSE:** 45 mg every 12 weeks
MAINTENANCE DOSE: ☐ 90mg every 8 weeks	Does the patient have chronic (>1 year) plaque psoriasis? YES_____________ NO_____________	Does the patient have chronic (>1 year) plaque psoriasis? YES_____________ NO_____________
Has the patient had trials of conventional therapy (Asacol, Azulfidine, Prednisone, Imuran)? YES_____________ NO_____________	Does the patient have a minimum body surface area involvement with plaque psoriasis of ≥ 10%? YES_____________ NO_____________	Does the patient have a minimum body surface area involvement with plaque psoriasis of ≥ 10%? YES_____________ NO_____________
	Does the patient have a documented failure of, or intolerance to, or contraindication to an adequate trial of Methotrexate or Cyclosporine? YES_____________ NO_____________	Does the patient have a documented failure of, or intolerance to, or contraindication to an adequate trial of Methotrexate or Cyclosporine? YES_____________ NO_____________
***If Approved, Please fax order to Accredo Specialty Pharmacy---1-800-391-9707		

If Yes to any of the above questions, please provide chart documentation of drug name(s), dates, duration of therapy and outcome.

Pharmacy Preauthorization Overview

<table>
<tr><th>Drug Type</th><th>Partner</th><th>ePA</th><th>Fax</th><th>Phone</th></tr>
<tr><td>Traditional pharmacy</td><td>ESI</td><td>Yes</td><td rowspan="2">Commercial:
• Pharmacy: 1-877-251-5896
• Medical: 1-888-631-8817

Medicare:
• Pharmacy: 1-877-251-5896
• Medical: 1-888-631-8817</td><td rowspan="2">Commercial:
• Pharmacy: 1-877-417-5383, 24/7/365
• Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday

Medicare:
• Pharmacy: 1-877-954-2282, 24/7/365
• Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday</td></tr>
<tr><td>Medical drug, non-chemo</td><td>Care Continuum (an ESI company), ESI</td><td>Yes</td></tr>
<tr><td>Chemo regimen, including oral drugs</td><td>NCH</td><td>Online at my.newcenturyhealth.com</td><td>1-877-624-8602</td><td>1-888-999-7713, option 8, 8 a.m. to 8 p.m., Monday through Friday, and 9 a.m. to 6 p.m. on Saturday.</td></tr>
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This is confidential information. If you receive this form in error, please notify Provider Services at 1-800-828-3407