

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214) 823-2533 FAX (214) 887-0436 www.NTISP.org

Stelara® (ustekinumab) Enrollment Form

Patient Information

Last Name	First Name	MI	
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Information

Medical Insurance Name	Secondary Insurance Name	Insurance Name		
Cardholder Name	SSN	Cardholder Name	SSN	Member ID
Group / Policy Number	Group / Policy Number	BIN Number	Group Number	

Physician Information

Physician Name	Contact Person		
Street Address	City	State	Zip Code
Physician DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity

696.1 Psoriasis (date diagnosed) _____
 Other: ICD-9 Code: _____ Description: _____ (date diagnosed) _____
Prior Medications: Amevive Corticosteroids Cyclosporine Enbrel Humira Methotrexate Raptiva Phototherapy
Remicade Soriatane Reason for Failure: _____

Pertinent Medical History

Patient Weight: _____ Height: _____ Last dose of Stelara date (if Applicable): _____
Tuberculin (PPD) skin test date _____ results: Negative Positive Hep B surface antigen Negative Positive
Initial LFT normal: No Yes History of CHF: No Yes Administer Hep B vaccine: No Yes
Comments: _____

Prescription Orders

Stelara® (ustekinumab) 45mg SQ 90mg SQ
NOTE: (Patients above 100kg (220 lbs) are recommended to receive 90 mg per PPI)
Sig: Inject sub Q First dose _____mg on Date _____: Second dose _____mg on Date _____
Maintenance dose _____mg q12 weeks Anticipated start date _____ Stelara Refills _____ times
Allergies: _____
Lab orders: _____

Physician's signature _____ Date _____

Fax completed from to (214)887-0436.

Insurance / Clearance questions call (214) 276-5642 or email mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form; patient's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Stelara ®.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark

Updated 06/30/2010