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No. 8822 P. 2/13

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1-800-823-3844

1680-722-008-1

GFI/NDC: 52504070002020

Decision Made: Approve

Patient DOB: 05/20/1949

Specialty Eax:

:XEA

Prior Authorization Request : 37 091**£**967£-A¶ :# ээнэлэдэД :XBJ 8456154002 Буюше: 0004-519(548) :oIALAN GOLDFISCHER

Parient ID#: 0102883881 Patient Mant: SHERRYL MANZO

Medication Name: STELARA

Decision Notes:

under your Medicare Part D benefit. Reviewed by: greese STELARA IN SMG/ML, use as directed, is approved for non-formulary exception through 12/31/2017

"The document and others it attracted from Comments by prove of the former of the form

"Specially Pharmacy is available by phone 5 a.m. - 7 p.m. PT, Monday-Friday

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TOO/I Fax Server 18124007

ANSINSOIL T:03:TS BW BYOE

ISK PELAGE HIREP 10-03-11:00:37 ; Erom:

Horizon Family Medical Group 30 Hatfield Lane, Suite 107 Goshen, NY 10924 Ph: 845-703-8806 Fax: 845-703-9058 Ph: 845-615-4000 Fax: 845-615-4002

731158: OT

Comments: Pages: E From: CD 1 ORLIN Dob: 5m-ce-5 Re:Fax: 4511 233 :0T 2000 Date: L1-2-01 **EVX COAER SHEET**

IMPORTANT CONFIDENTIALITY NOTICE: This document and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Hospital Account: Encounter Date: -- L107/77/G

CANCER CARE CENTER

04601 YM nwotelbbiM 707 East Main Street

61401 MRN

:offe: CVACER CARE

Goldffscher, Alan B, MD

INE ENTYVIO 2 HRS

11:30 AM EDT

1951158 Contact Scrial #: ENCOUNTER

CC INF CHAIR 11 Appointment Provider: Department: CC INEUSION CENTER

Diagnosis:

nebivor4 gaibaentA

848794 PATIENT

Language: English [22] CIA: CIECTEVILLE, NY 10919 Female Address: 80 SUSAN LANE :52A 68 y.o. DOB: 5/20/1949 Name: MANZO,SHERRYL B

K20 89

ZE<u>12-496(195)</u>

Referring Physician:

Visit Type:

comiT iqqA

PCP: Hirsch, Andrew D, DO

Relationship to Patient Legal Guardian? Contact Name EMERGENCZ CONTACT

asnodS

2. *No Contact 1. Manzo, Richard

Specified*

GUARANTOR

GUARANTOR EMPLOYER мотк Риопе: 186491 :Ш толивтвиО Home Phone: ZE17-196-195 MaS Relation to Patient; CIRCLEVILLE, NY 10919 Female :x32 80 SUSAN LANE 6761/07/5 DOB: MANZO, SHERRYL B

 $\overline{\text{COVERAGE}}$

PRIMARY INSURANCE

INDEWNILK іладугансе Туре: Group Number: MEDICARE PART A & B :ns[q MEDICARE

Verification Status: Subscriber ID: Subsoriber DOB: MANZO, SHERRYL, B Subscriber Name:

Has Pat. Rel. to Subscriber: **V**<u>L</u>L6L0++90

SECONDVEX INSURVICE

Employer:

Verification Status: 11426360720 Зирасцрет ID: 6761/02/5 Subscriber DOB: MANZO, SHERRYL B Subscriber Mame: INDEWILL гизливисе Дλье: Столр Илтрет: 21/1/1 MMOD 4AAA $_{\mathrm{Jgu}}$ AARP Payor:

ZELE Pat. Rel. to Subscriber;

No chart ID available Chart ID (No chart ID available)

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Primary Phone: 561-964-2132

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Oct. 4.2017 3:57PM

No. 8822

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No. 8822 P. 6/13

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Phone 877-CarePath (877-227-3728) Chadotte, NC 15146-2230 81S xo8 .O.9

PAGE FAX COVER

Date/Time: 08/30/2017 02:40 PM	ORMC:∵T
	7311-666(348)
Pages: 8	From: Bianca Comesana
AA00UCLA	Subject: Sherryl Manzó

INFUSION BENEFITS (BNB):

Subject: Sherryl Manzo

Prior authorization is not required.

INJECTION MAINTENANCE BENEFITS (Pharmacy):

Follow up calls can be made to Optum RX at 800-711-4555. Step Therapy is required; patient needs to have tried and failed 1 preferred biologic. Turnaround time is 24-72 Hours. Prior authorization is required and not on file. Provider needs to complete the attached form and fax to 800-527-0531.

800-850-9122 and fax 800-218-3221 billing the primary pharmacy benefits. Once the prior authorization is on file, the prescription will be triaged to the preferred specialty pharmacy Briova at phone

If you have any questions regarding the verification of benefits, please contact Bianca at 1-877-3728 ext: 201-6160.

costs may be available: Based on attached verification of patient benefits, assistance for your patient with out-of-pocket medication

with STELARA® medication cost. has government-funded insurance or has exhausted their commercial or private health insurance benefit and needs help Janasen CarePath can help direct you or your patient to independent foundations that may be able to help if your patient

PARAJETS to resize to help your patient with their medication costs for STELARA program information and eligibility requirements for patient assistance programs, including independent foundations that Potential financial assistance programs are also available at JanssenPrescriptionAssistance.com/Stelara. You will find

otherwise, to send such advertisements to you. The sender's failure to comply with an opt-out request within 30 days is faxés; or (iii) subsequent to your request, you provide express invitation or permission to the sender, in writing or the phone or fax number listed; (ii) it fails to identify the telephone number(s) at which you no longer wish to receive through Friday, 8:00 AM to 8:00 PM ET or by fax at 866-769-3903. Your request will not be honored if (i) it is not made to If you do not wish to receive any future faxes from the Janssen CarePath, call 877-CarePath (877-227-3728), Monday

StelaraHCP.com. Provide the Medication Guide to your patients and encourage discussion. Before prescribing STELARA", please see full Prescribing Information and Medication Guide, available at

within the cost of the product. exclusive determination of medical necessity. This reimbursement support service has no independent value to providers apart from the product and is included coverage guidelines provided by the payer and patient information provided by the healthcare provider under appropriate authorization following the provider's The Lash Group, Inc., assists healthcare professionals in the determination of whether treatment could be covered by the applicable third-party payer based on Patient insurance benefit investigation is provided as a service by The Lash Group, Inc., under contract for Janseen Biotech, Inc. in this regard,

or Janssen Biotech, Inc., or its employees or agents be liable for any damages resulting from or relating to the services. All providers and other users of this Janasen Biotech, Inc., make no representations or warrandas, expressed or implied, as to the accuracy of the information, in no event shall The Lash Group, Inc., organization or reimbursement epecialist for any reimbursement or billing questions. While The Lash Group, Inc., tries to provide correct information, they and this document, the information may not be as current or comprehensive when you view it. We strongly recommend you consult with your counsel, payer regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of that these codes will be appropriate or that reimbursement will be made. It is not intended to increase or maximize reimbursement by any payer. Laws, for informational purposes only and is not intended to provide reimbursement or legal advice and does not promise or guarantee coverage, levels of reimbursement, payment or charge. Similarly, all CPT® and HCPCS codes are supplied for informational purposes only and represent no promise or guarantee. Importantly, insurance verification is the ultimate responsibility of the provider. Third-party reimbursement is affected by many factors. This document is presented

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No. 8822

7102/06/80

Alan Goldfischer, MD Kayla Unknown Horizon Family Medical Group 30 Hatfield Ln Ste 107 Goshen, NY 10924

Dear Dr. Goldfischer,

As a service to you through Janssen CarePath, we have researched your patient's insurance benefits for therapy with STELARA® (ustekinumab). Based on our research for Sherryl Manzo, we have included a verification of those benefits that provide coverage for STELARA®.

As allowed by the current Patient Authorization or Business Associate Agreement on file, Janssen CarePath will also contact the patient to explain the insurance benefits included in this fax. Accordingly, it is recommended that the patient be slerted by your office to this call. If you have signed the Limitation of Services agreement, large and carefully contact the patient if the patient requests services directly.

Case Coordinators are available through Janesen CarePath to:

- Assist with the Prior Authorization and appeals process
- Claim submission information, and billing and coding
- Explain Medical and Pharmacy Benefits to you and your patient
- Identify alternative funding sources for patient out-of-pocket costs

If you have any questions about this letter or STELARA®, please call Janssen CarePath at 877-CarePath (877-227-3728), Monday through Friday, between 8:00 AM and 8:00 PM, ET.

Sincerely,

Bianca Comesana Janssen CarePath Care Coordinator

Before prescribing STELARA®, please see full Prescribing Information and Medication Guide available at StelaraHCP.com. Provide the Medication Guide to your patients and encourage discussion.

Patient insurance benefit investigation is provided as a service by The Lesh Group, Inc., under contract for Janesen Blotech, Inc. In this regard, occuping the provider the determination of whether teatment could be covered by the papier blind-party payer based on occuping the provider under appropriate authorization following the providers exclusive determination of medical necessity. This reimbursement support service has no independent value to providers spart from the product and is included exclusive determination of medical necessity. This reimbursement support service has no independent value to providers spart from the product and is included within the cost of the product.

Importantly, incurance verification is the utilinate responsibility of the provider. Third-party teimbursement is affected by many factors. This document presented for informational purposes only and is not intended to provide reimbursement or legal address and docts not promise or guarantee coverage, lavels of the informational purposes only and separation or that reimbursement will be appropriate or that reimbursement will be made, it is not intended to increase or maximize reimbursement by any payer. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this score. The intermedion may not be as current or competions. While The Lash Group, inc., the information or reimpursement are or warranties, when you view it. We strongly recommend may not be as current or competing the when you warrant with your counsely they are settly inc., or reimbursement shall approve or against a subject of the information. Inc., inske no representations or warranties, expressed or implied, as to the accuracy of the information. The Lash Group, inc., or unknown or relations or warranties, expressed or implied, as to the accuracy of the information. The Lash Group, inc., or language that they accept tesponsibility for the sextices.

@ Jansseh Biotech, Inc. 2016 6/15 047635-160219



Primary Insurance Verification of Benefits



	Date Benefits Verified: 08/30/2017 by: Biancs Comesans
Dr Goldfischer is in Network with this plan.	Site of Care: Hospital Outpatient, Prescribing MD's Office, Patient's Home
Self-Funded: No	Verified for Primary Diagnosis: K5090
Payer Phone: (800)633-4227	Payer Contact: Online
Policy Renewal Date: 01/01/2018	Policy End Date: 12/31/2017
Policy Effective Date: 01/01/2017	Policy Level: Primary
Сгоир Иитрет:	Policy Number: 06440797A
Pisn Type: Medicare	8A өнгліөм :әтем ла М
Етріоует Ияте:	Рауы Мате: Medicare
Date of Birth: 05/20/1949	Patient Name: Sherryl Manzo
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Affordability Support

For patients using commercial or private insurance

Eligible patients pay

year. For medication cost only. Not valid for "\$20,000 maximum program benefit per calendar

parients using Medicare or Medicald, Eligibility

comprehensive list of affordability programs that may be available.

a 101 enalstance.com/Stelans for a for

redultements apply.

For patients with no health insurance or no coverage

C3rePath just \$5 per dose*

MAROOR9 SOVIVAS

For patients using commercial or physic insurance

Providing STELARA at no cost to eligible

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Foundation support may be available through: agarevos espejuaci For patients using government insurance or patients without

Patient Access Network Foundation at 866-316-7263 € 7he Assistance Fund at 855-845-3663

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SUMMARY OF COVERAGE

(See following pages for additional details)

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snoitourani lenotitobA	Pharmacy Benefit	Nedical Assignment of Bartesian Series of Seri	Medical Buy and Bill Benefits	

Patient ID: AA00UCLA and Case ID: 180829507

ТЭ мя 00:8 - ма 00:8 , увbir Э-увbпоМ If you have any questions about this Verification of Benefits, please contact Janssen CarePath at 877-CarePath (877-227-3728), Before prescribing STELARA", please see full Prescribing information and Medication Guide, available at JanasenCarePath.com.

support, service has no independent value to providers apart from the product and is included within the cost of the product. healthcare professionals in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the theorem provided by the theorem provided by the theorem provided by the theorem of medical necessity. This reimbursement Patient insurance benefit investigation is provided as a service by The Lash Group, Inc., under contract for Jansson Biotech, Inc. in this regard. The Lash Group, Inc., assists

information agree that they accept responsibility for the use of this service. Group, Inc., or Jansean Biolech, Inc., or its employees or agents be liable for any damages resulting from or relating to the services. All providers and other users of this correct information, they and Janssen Biotech, Inc., make no representations or warrandes, expressed or implied, as to the accuracy of the information. In no event shall The Lash recommend you consult with your counsel, payer organization, or reimbursement specialist for any reimbursement or billing questions. While The Lash Group, Inc., tries to provide While we have made as becoment as of the issue date of this document, the information may not be as current or comprehensive when you view it. We strongly made, it is not intended to increase or maximize reimbursement by any payer. Laws, requisitors, and policies concerning reimbursement are complex and are updated frequently. BIF Charle and HCPCS codes are supplied for informational purposes only and represent no promise or guarantee that these codes will be appropriate or that these these codes will be appropriate or that the promise of purposes only and is not intended to provide reimburgement or legal advice and does not promise or guarantee coverage, levels of reimbursament, payment, or charge. Similarly, Importantly, insurance verification is the ultimate responsibility of the provider. Third-perty remember to affected by many factors. This document is presented for informational

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STANSER Biotech, Inc. 2016 8/16 055772-160629

No. 8822



IV Induction Therapy Details Primary Insurance Verification of Benefits



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		Prior, Authorization Required for STELARA
	:sldslisvA ®	Pharmacy Benefits Coverage for STELARA
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Co-pay for STELARA®;		Co-pay for STELARA®: 20.00%
Co-pay for Office Visit:		Co-pay for Office Visit: \$0.00
Benefit Cap: Met:	⊅÷M	Senefit Cap:
Lifetime Maximum: Met:	Met:	Lifetime Maximum: Unlimited
Out-of-Pocket Maximum: Met:	⊅eM	Out-of-Pocket Maximum:
Deductible (Family): Met:	JaM	Deductible (Family):
Dequcțiple (Iudividual): Wet:	00.8812 :JaM	Deductible (Individual): \$183.00
enotiouraeni isnotibbA	%0% artt not eldizn	Additional Instructions: The patient is respo
Claims Address for Physician Claims:		Claims Address for Physician Claims: Math Inc. P.O. Box 6178 Indianapolls, IN 46206-61
Payet Provided Reimbursement Codes*:		Payer Provided Reimbursement Codes": IV week zero. 96413/96365 are valid & billable a reimbursement is based on payer contracts.
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Prior Authorization Required for Infusion Services:	ervices: No	2 noisului 101 beniupa Anoitezinoritua roing
Prior Authorization Process for STELARA:	4	Prior Authorization Process for STELARA®
Prior Authorization Required for STELARA®:	οN : ^φ	ARALIET Authorization Required for STELARA
Major Medical Assignment of Benefits (AOB) Coverage for STELARA® Available:	Toj agaravoO (lii8	Major Medical Physician Purchase (Buy & STELARA® Available: Yes
Medical Assignment of Benefits	Senefits	Ilië bns yuë lesibeM
Date of Birth: O5/20/1949		Patient Name: Sherryl Manzo

Lifetime Maximum:	Met:	-	
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Deductible (Family):	:teM	Co-pay for Office Visit:	
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Prior Authorization Process for STELARA®:		<u>. </u>	
Prior Authorization Required for STELAR®:		<u>. </u>	<u>-</u>
Principle Coverage to a record way	'AIGRIPAW		

Patient ID: AA00UCLA and Case ID: 180829507

It is the provider's responsibility to determine and represent on any claim for reimbursement the patient's accurate condition or diagnosis. *These codes have been provided by the payer without edit and are not a representation of the condition or diagnosis of the patient.

Before prescribing STELARA®, please see full Prescribing Information and Medication Guide, available at JanasenCarePath com.

No. 8822 P. 10/13





Sub-Q Maintenance Therapy Details Primary Insurance Verification of Benefits

9461\0S\Z0 :rthiB to alsO	Patient Name: Sherryl Manzo
Patient Information	

Medical Buy & E	S Bill Benefits
Co-pay for Retail:	
Co-pay for Mail Order:	
Co-pay for Office Visit:	Co-pay for STELARA®:
Benefit Cap: Met:	Co-pay for Office Visit:
Lifetime Maximum: Met: 1	Benefit Cap: Met:
Out-of-Pocket Maximum: \$4950.00 Met: \$117.00	Lifetime Maximum: Met:
Dequeüble (Phamacy); Met:	Out-of-Pocket Maximum: Met:
Deductible (Family): Met.	Degncapje (Esmily): Wet:
Deductible (Individual): Met.	Deductible (Individual): Met:
Additional Instructions: The patient is in initial coverage and is responsible for the 41% coinsurance up to the coverage gap and then is responsible for the 41% coinsurance up to the out of pocket. Once the total out of pocket is met, catastrophic coverage is 5%. The prefetred apacialty prarmacy is Briova at phone 800-850-9122 and fax 800-218-3221. There prarmacy is Briova at phone 800-850-9122 and fax 800-218-3221. There are notificated to the fifth for Stelans, Benefits are also available when	:snothsurtent lenotibbA
	Payer Provided Reimbursement Codes*: PREFILLED SYRINGE: This benefit is not available for STELARA 90mg Prefilled Syringe.
Prior Authorization Process for STELARA®: Prior authorization is form required and not on file. Provider needs to complete the attached form and tax to 800-ΣΣΣ-0531. Step Therapy is required; patient needs to have the sind falled 1 preferred biologic. Tumeround time is 24-72 Hours. From the sind of the preferred brought at 800-111-4555.	∵ : ^e AЯAJ∃T≳ 1ot asecor9 nolfsztrońtuA 1o⊓9
Prior Authorization Required for STELAR®: Yes	Prior Authorization Required for STELARAs:
Pharmacy Benefits Coverage for STELARA® Available: Yes	Major Medical Assignment of Benefits (AOA) Coverage for STELARA® Available: No
Ризгтасу Велетів	etitened to memneizeA lecibeM
Patient Name: Sherryl Manzo	84er/05/20: :thris to syst

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אוכתוכעו סחג מ העוו הכנובווי			

	Daios Authoritestion Required:
see (pg), or pill) coverage for a remove wealthough	เพริโดโ เผธตาตร์ เลนิงอาตาย เกาะบร

Process:	noitezínorhuA	hond

Payet Provided Reimbursement Codes*: PREFILLED SYRINGE: The benefit for 90mg Prefilled Syringe is available upon request.

ramfaft antafarrid ant anarchite a detaft	:smisl	Address for Physician	<u>Claim's A</u>
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Additional Instructions: Benefits available upon request.
Additional instructions: Benefits available upon request.
toolings goell sidelisite stanned rounds-infort in-ritible

:muriixaM avijisir]	:}eM		
Out-of-Pocket Maximum:	tteM	Co-pay for STELARA":	
Deductible (Family):		Co-pay for Office Visit:	
Deducable (Individual):	:feM	Senefit Cap: Met:	1

Pattent ID: AA00UCLA and Case ID: 180829507

It is the provider's responsibility to determine and represent on any claim for reimbursement the patient's accurate condition or diagnosis. *These codes have been provided by the payer without edit and are not a representation of the condition or diagnosis of the patient.

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Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit acceptation of a property of the process this request. Please note: All information below is required to process this request.



Stelara® Prior Authorization Request Form (Page 1 of 2) po not copy for future use, forms are uppared frequently and may be barcoded

Select if Stelats is prescribed by or in consultation with one of the following specialists: Select if Stelats is prescribed by or in consultation with one of the following: Select if the patient has history of failure, contraindication, or intolerance to the following: Coramzia Cosentyx Enbrel Humira Horeward Humira Dees the patient have history of failure, contraindication, or intolerance to treatment with at least one tumor necrosis factor (TNF) blockers [e.g., Remicade/Infectra (Infilximab), Humira (adalimumab), Cimzia (certollaumab)]? MTX/Trexall/Rheumatrex (methotrexate)]? MYX/Trexall/Rheumatrex (methotrexate)? MYX/Trexall/Rheumatrex (me			
		hosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremlla ot in combination with a biologic DMARD, Janus kinase inhi	
For active psoriatic arthritis requesting 90mg/mL dose, does the patient have co-existent moderate to severe psoriasis? Select if Stelars will be used in combination with the following: Diologic DMARD [e.g., Enbrel (etanercept), Humita (adalimumab), Clmzia (certolizumab), Simponi (golimumab)] Janus kinase inhibitor (e.g., Xeljanz (tofacitinib)]			
ol □ seY □ Saissinoso eneves of	t eterahom tratiziva-oo aved traiter	ent patient's weight!: (Ibs/kg) Date:	
	on E	equest for continuation of prior Stelara therapy? 🗖 Yes	
		noitemoin l	-
	ICD-10 Code(s): K20:30	el qisëbosis: The contract of	
	CX Moderately to severely active Crohn's disease		
	Active psonatic arthritis		
		the diagnosis below:	toele2
	(required)		
	. (yderant to notraining to the rapy	
	Directions for Use: 1 pfs every:	borard grinsologi if X:	
Dossge Form: PFS	Mormation (required) Strength: 90 MG	tion Name: Stelata	szibaM
			!
	City: Goshen State:1		Phone:
 701 əf≳ n⊿ blə	Office Street Address: 30 Hattie		CITY! S
	Office Fax: (845)615-4002	Address: 120 Smith Hill Dr	Street v
Office Phone: (845)703-8806		Date of Birth: 05/20/1949	
Specialty: Gastroenterology	NPI#: 1518980093	·	insursu
Provider Name: Alan Goldfischer		r Name: Sherryl Manzo	Membe
(haniupan) noi}sm 10	Provider Info	Member Information (required)	

This document and others it attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumPx. Proper consent to disclose PHI between these parties been obtained. If you are not this document by mistake, please know that sharing, copyling, distributing or using intormation in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

Office use only: Stelata CMS_2017JuPW

Page 2 of 3 Pages, Recelved at 08/30/2017 11: 49: 07 AM EDT For 8662054838

Oct. 4.2017 4:00 PM

Stelara® Prior Authorization Request Form (Page 2 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Residthorization:

If this is a reauthorization request, answer the following questions:

oN 🗆 set 📮 Yeare documentation the patient has had a positive clinical response to Stelars therapy

Biologic DMAND [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)] Select if Stelata will be used in combination with the following:

Usanus kinase inhibitor [e.g., Xeljanz (tofacitinlb)]
□ Phosphodiesterase 4 (PDE4) inhibitor [e.g., Otezla (apremilast)]

☐ Not in combination with a biologic DMARD, janus kinase inhibitor or PDE4 inhibitor

to this review? Are there any other comments, diagnoses, symptoms, medications tried or falled, and/or any other information the physician feels is important

.1880-728-008-1 of bexef one attempts thegru-non for beau ad yem mile sidT For urgent or expedited requests please call 1-800-711-4555. .2334-117-008-1 lies essely, amemiation notice included by the standard preparation of all a specific and the second structure and the second structure in the second structur This request may be denied unless all required information is received.

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information in this document is against the law. If you are not the Intended recipient, please notify the sender immediately. Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumBx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that shaining, copying, distributing or using This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The

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