

**ADVANCED PHARMACY AND
RESPIRATORY CARE SOLUTIONS**
Stelara Referral Form



TODAY'S DATE: ___/___/___

REFERRED BY: _____

PHONE NO. _____

FAX NO. _____

Any questions call intake: 800.464.7736 ext: 128

Fax Form to: 949.582.6111

Download this form at www.aps-rx.net

PATIENT INFORMATION

First Name: _____ Last Name: _____ Primary Language: _____

SS#: _____ D.O.B.: _____ Sex: M _____ F _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

Caregiver Emergency Contact Phone: _____ Relationship: _____ Phone: _____

INSURANCE INFORMATION

Primary Insurance _____ Secondary Insurance _____

Subscriber: _____ Subscriber: _____

ID#: _____ ID#: _____

Grp. Policy: _____ Grp. Policy: _____

Phone: _____ Phone: _____

Employer: _____ Employer: _____

STATEMENT OF MEDICAL NECESSITY: PRIMARY DIAGNOSIS

Diagnosis Code: 696.1 Description: PSORIASIS TB EVALUATION: YES NO

Comment/Other _____

DATE OF DIAGNOSIS OR YEARS WITH DISEASE: _____ PATIENT WEIGHT: _____ LB _____ KG

% BSA AFFECTED _____

PRIOR MEDICATIONS: Amevive Corticosteroids Cyclosporine Enbrel Humira
 Methotrexate Raptiva Phototherapy Soriatane

MEDICATIONS

Rx Stelara™ 45 mg 90mg

Directions: **Starter Doses** Requested Ship Date: _____ **Maintenance Therapy** Requested Ship Date: _____

2 single-use prefilled syringes; 45mg SC at week 0 and week 4

1 single-use prefilled syringe; 45mg SC every 12 weeks

2 single-use prefilled syringes; 90mg SC at week 0 and week 4

1 single-use prefilled syringe; 90mg SC every 12 weeks

Ship To: Provider Office Patient's Home Refill _____ times

Other Address _____

City _____ State _____ Zip _____ Phone _____

PHYSICIAN INFORMATION

Physician: _____ Physician's Phone #: _____

Physician's Address: _____

Office Contact: _____

Physician's NPI #: _____ California License# _____

Physician's Signature: _____ **M.D.** **DATE:** ___/___/___

CCS Panaled Co-Signature (if perscribing MD not panaled): _____

ADVANCED PHARMACY AND RESPIRATORY CARE SOLUTIONS
26611 CABOT ROAD SUITE B, LAGUNA HILLS, CA 92653