

Sterling Retiree Rx Prior Authorization Form

ADAGEN (Pegademase Bovine)

Coverage Criteria / Required Medical Information

Prescriber must be Endocrinologist, ID Specialist, Allergist, Immunologist, Clinical or Biochemical Geneticist or Hematologist

Bone marrow transplantation failure or patient is not a suitable candidate for bone marrow transplantation. Use for direct replacement for deficient enzyme (no benefit achieved in patients with immunodeficiency due to other causes).

Coverage Duration: 10 weeks

Exclusion Criteria

Severe thrombocytopenia. Use in preparation for or in support of bone marrow transplantation.

Member Information

Name				
Enrollment/Card-holder ID Number				
Group/Plan		Male		Female
Date of Birth		Age		Weight in Kg
Street Address				
City		State		Zip

Physician Information

Name				
Agent		Contact Name		
Specialty/Office				
Clinic Name				
Street Address				
City		State		Zip
Phone		Fax		

Requested Drug

ADAGEN	Reason for Request
Condition/Diagnosis Related	

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing		Strength/Dosage	
Formulary Alternative(s) Attempted?		Yes:	No:
Please List Alternative Formulary Drugs			

Comments

Physician Signature: _____

Fax Form to 1-866-481-3704