AmWINS Rx

Date of Request:______________________

Sterling Retiree Rx Prior Authorization Form

ALDURAZYME (Laronidase)

Coverage Criteria / Required Medical Information
Diagnosis confirmed by diagnostic method, enzymatic assay or DNA testing.
Scheie Syndrome: must have at least 2 moderate to severe symptoms.

Re-Authorization:
In patient who has previously received at least 26 weeks of Aldurazyme, must demonstrate improvement in lung function.

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		
ALDURAZYNE	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**