



Date of Request: \_\_\_\_\_

### Sterling Retiree Rx Prior Authorization Form

#### Trentinoin, Retin-A, Avita (Topical)

**Indications for Coverage**

Acne vulgaris

**Exclusion Criteria**

cosmetic use; less than 12 years of age

#### Member Information

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

#### Physicians Information

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

#### Requested Drug

	<b>Reason for Request</b>	
<b>Condition/Diagnosis Related</b>		

#### Clinical Drug/Lab History Pertinent to Request

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

<b>Comments</b>	
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Physicians Signature: \_\_\_\_\_

Fax Form to 1-866-481-3704