

Sterling Retiree Rx Prior Authorization Form

GONADOTROPIN

Coverage Criteria:

All FDA approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Female. In males: anatomic obstruction, precocious puberty, prostatic carcinoma or other androgen-dependent neoplasm.

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

GONADOTROPIN	Reason for Request		
Condition/Diagnosis Related			

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Formulary Alternative(s) Attempted?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please List Alternative Formulary Drugs	

Comments	
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