



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

STELARA

Coverage Criteria / Required Medical Information:

Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis.

For renewal, patient's condition must have improved or stabilized.

Exclusion Criteria: Active infection (including tuberculosis), concurrent use with other biologics

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

STELARA	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	
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Physician Signature: _____ **Fax Form to 1-866-481-3704**