



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

TRACLEER (Bosentan)

Coverage Criteria / Required Medical Information:

PAH confirmed by right heart catheterization.

Female patient of childbearing potential must use more than one method of contraception concurrently.

Exclusion Criteria:

AST/ALT level > 3 times ULN; pregnancy; concomitant use of Cyclosporine A or Glyburide

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

TRACLEER	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