

Sterling Retiree Rx Prior Authorization Form

TYZEKA (Telbivudine)

Coverage Criteria / Required Medical Information

Prescriber must be Infectious Disease or Gastroenterologist

Age Restriction: patient must be at least 16 years of age

- A. The patient has been diagnosed with chronic hepatitis
- B. AND the patient has evidence of a positive HBsAg (+ or -) serological marker for > 6 months OR evidence by a liver biopsy showing chronic hepatitis.
- C. AND the patient has a Hepatitis B viral load greater than 20,000 IU/mL (100,000 copies/mL).
- D. AND the patient has elevations in liver aminotransferases (ALT or AST) that are two (2) times > normal OR normal liver aminotransferase (ALT or AST) levels with evidence of significant disease found on biopsy.
- E. AND the patient has been tested for HIV. (Tyzeke therapy can cause HIV resistance in untreated HIV infection).
- F. AND if the patient has received previous Tyzeke treatment, there is documented clinical improvement shown by a drop in viral load or reduction in the patient's liver aminotransferases.
- G. AND the patient is not receiving duplicate therapy that includes Baraclude, Epivir and/or Intron A.
- H. AND evidence of diagnosis, serological markers or liver biopsy, viral load, and liver aminotransferases is documented in patient's chart.

Exclusion Criteria:

Hypersensitivity to telbivudine or any component of the product.

Member Information

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

Physicians Information

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



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Requested Drug			
TYZEKA	Reason for Request		
Condition/Diagnosis Related			
Clinical Drug/Lab History Pertinent to Request			
Labs: Baseline/Ongoing		Strength/Dosage	
Formulary Alternative(s) Attempted?	Yes:		No: <input type="checkbox"/>
Please List Alternative Formulary Drugs			
Comments			

Physicians Signature: _____ Fax Form to 1-866-481-3704