

Sterling Retiree Rx Prior Authorization Form

VPIV (velaglucerase alfa)

Coverage Criteria / Required Medical Information

Patient must have at least one of the following conditions: anemia, thrombocytopenia, bone disease, hepatomegaly, splenomegaly. Patients who have previously received 24 months of VPRIV therapy must have a decrease in liver and spleen volume and/or increase in platelet count and/or increase in hemoglobin concentration for reauthorization.

Diagnosis confirmed by bone marrow histology, DNA testing or measurement of beta-glucocerebrosidase enzyme activity less than 30%.

Exclusion Criteria

Patients taking miglustat (Zavesca)

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

VPIV	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

Physician Signature: _____

Fax Form to 1-866-481-3704