



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

AFINITOR (Everolimus)

Indications for Coverage

Treatment of patients with advanced renal cell carcinoma after failure of treatment with Sutent (sunitinib) or Nexavar (sorafenib).

Exclusion Criteria

Non FDA approved use

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			

Requested Drug

AFINITOR	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____ Fax Form to 1-877-847-9904