



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

DIFFERIN (Adapalene)					
Indications for Coverage Mild to moderate acne vulgaris					
Exclusion Criteria Cosmetic use					
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			
Requested Drug					
DIFFERIN	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					

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