

Sterling Retiree Rx Prior Authorization Form

INCRELEX (mecasermin - rDNA origin) and IPLEX (mecasermin rinfabate - rDNA origin)

Coverage Criteria

Long-term treatment of growth failure in children with severe primary insulin-like growth factor-1 (IGF-1) deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH.

Required Medical Information

Failure of growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone.

Exclusion Criteria

Closed epiphyses. Other secondary causes of growth failure. Pre-existing thyroid and/or nutritional deficits. Presence of active or suspected neoplasia.

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

INCRELEX / IPLEX	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Formulary Alternative(s) Attempted?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____

Fax Form to 1-877-847-9904