



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

RIBAVIRIN, REBETOL, RIBAPAK, RIBASPHERE

Coverage Criteria

Chronic Hepatitis C

Renewals require clinical evidence of a 2-log decrease in viral load.

Required Medical Information

Patient must have detectable levels of HCV RNA in the serum **and** be on an alfa interferon product concurrently.

Exclusion Criteria

History of unstable heart disease; hemoglobin < 8.5 g/dl, creatinine clearance < 50 ml/min; pregnancy; hemoglobinopathy.

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

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