



HEALTHTRANS

Prior Authorization Request

Date of Request _____

Lotronex

Lotronex (Alosteron HCl) is a 5-HT₃ Receptor Antagonist indicated for the treatment of chronic (greater than 6 months) Irritable Bowel Syndrome (IBS) in women only with severe diarrhea and have failed conventional therapy

Only physicians enrolled in GlaxoSmithKline's Prescriber Program for Lotronex may prescribe Alosteron.

Patients must have signed the Consent Form and received the Treatment Medication Guide from prescriber

Member Information

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Address: _____

City State Zip _____

Relationship (Circle)

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

Email @ _____

Enrolled in GSK's Prescriber Program

Yes No (circle)

Requested Drug / Pharmaceutical

Lotronex - Alosterone HCl

Strength / Dose

Duration of Therapy (Expected)

Condition / Diagnosis Related - Reason for Request

Type of Request (Circle)

One-Time On-Going

Clinical Drug / Lab History Pertinent to Request

Contact Pharmacy? Y N

Pharmacy Phone Number

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature

Date Received:
Reviewed By:
Forwarded To:

FAX Form to:
877-800-5633

HT Clinical Services Phone
866-805-1690