



Federal Employee Program.

EXELDERM PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

| Patient Information (required) | | | | Provider Information (required) | | |
|--------------------------------|--|------|--|---------------------------------|--------|-------------|
| Date: | | | | Provider Name: | | |
| Patient Name: | | | | Specialty: | | NPI: |
| Date of Birth: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | Office Phone: | | Office Fax: |
| Street Address: | | | | Office Street Address: | | |
| City: | State: | Zip: | | City: | State: | Zip: |
| Patient ID: | R <input type="text"/> | | | Physician Signature: | | |
| PHYSICIAN COMPLETES | | | | | | |

Exelderm

(sulconazole nitrate)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety for processing**

Is this request for brand or generic? ☐ Brand ☐ Generic

1. What is the patient's diagnosis?

- ☐ Tinea Corporis (T. Corporis)
- ☐ Tinea Cruris (T. Cruris)
- ☐ Tinea Pedis (T. Pedis, Athlete's foot)
- ☐ Tinea Versicolor (T. Versicolor)
- ☐ None of the above

2. **Tinea Corporis, Tinea Cruris, or Tinea Pedis, please answer the below question:**

Which fungal species is suspected to be the cause of the patient's infection?

- ☐ *Epidermophyton floccosum* ☐ *Microsporum canis* ☐ *Trichophyton mentagrophytes* ☐ *Trichophyton rubrum*
☐ Other (please specify): _____

3. Is this **INITIATION** or **CONTINUATION** of therapy? **Please select answer below:**

☐ **INITIATION** of therapy, please answer the following question:

- i. Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to a legend topical or oral antifungal medication? ☐ Yes ☐ No

☐ **CONTINUATION (PA renewal)**