BlueCross BlueShield Federal Employee Program

SIVEXTRO
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 cardholder 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: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		

PHYSICIAN COMPLETES

The Service Benefit Plan does NOT require a Prior Approval request for a 6 (six)-day supply defined as 200mg tablets once a day. Prior Approval is required ONLY in orders that EXCEED the 6 day supply of 6 tablets per 365 days.

Sivextro (tedizolid)

***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. Does the patient have a diagnosis of acute bacterial skin and skin structure infection (ABSSSI)? ❑Yes ❑No

2. Which bacteria is causing or strongly suspected to be causing the infection? ***Please select answer below:***

❑Enterococcus faecalis
❑Methicillin Resistant Staphylococcus Aureus (MRSA)
❑Methicillin Susceptible Staphylococcus Aureus (MSSA)
❑Streptococcus agalactiae
❑Streptococcus anginosus (entire group)
❑Streptococcus constellatus
❑Streptococcus intermedius
❑Streptococcus pyogenes
❑Other ***(please specify)***: _____

3. Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to a first-line antibiotic such as a macrolide, fluoroquinolone, beta-lactam, or tetracycline? ❑Yes ❑No

4. What is the patient's weight? _____ kg **OR** _____ lbs