MC-Rx
Powered by ProCare Rx

Sirturo® bedaquiline

Ticket #: _____ **Request Date:** _____ **Request Time:** _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Sirturo®** bedaquiline. Based on recent clinical information, we require more information before this prescription can be paid by the patient's pharmacy benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information		
Patient Name:	Plan Name/Plan ID:	
Patient ID:	Patient Date of Birth:	Patient Contact Phone #:

B. Physician Information			
Physician Name:	Physician Address:		
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Direction (SIG):	QTY and Days Supply:	NDC #:

C. Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information: circle all that apply)

1. Is this for an adult for the treatment of pulmonary multidrug-resistant tuberculosis in combination therapy when other alternatives are not available? YES NO

   Note: Should NOT be used for latent, extrapulmonary or drug-sensitive tuberculosis.

2. Will this be administered by directly-observed therapy (DOT)? YES NO

3. Was a baseline ECG, potassium, calcium, magnesium, AST, ALT, alkaline phosphatase, and bilirubin taken at baseline or prior to initiation? ***Please attach results***. YES NO

4. Please list concomitant antitubercular agents patient is on below.

   Note: Must be used with ≥ 3 drugs also active against the patient's M. tuberculosis isolate.

   _____

   _____

   _____

5. Recommended duration is 24 weeks. Please indicate intended duration of therapy for patient: _____ Weeks

Authorized Medical Signature:	
Telephone:	**Date:**

When Completed Return To:

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.