

Prescriber Criteria Form
Sirturo 2026 PA Fax 1456-A v4 010126.docx
Sirturo (bedaquiline)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Sirturo (bedaquiline).

Drug Name:
Sirturo (bedaquiline)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

Please circle the appropriate answer for each question.

1	Is the requested drug being prescribed as part of combination therapy in a patient with pulmonary tuberculosis (TB) resistant to at least rifampin and isoniazid? [If no, then no further questions.]	Yes	No
2	Is the requested drug being prescribed by or in consultation with an infectious disease specialist?	Yes	No

Comments: _____

Prescriber (or Authorized) Signature: _____ **Date:** _____