

## Antibiotic/Antiviral Intravenous Infusion

### Prior Authorization Request

Date \_\_\_\_\_

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number

Medication requested:

- Captopmycin (Cubicin®)   
  Linezolid (Zyvox®)   
  Posaconazole (Noxafil®)  
 Voriconazole (Vfend®)   
  Quinupristin/Dalfopristin (Synercid®)   
  Tigecycline (Tygacilv)

The treatment is prescribed or recommended by:

- Infectious disease specialist   
  Hematologist   
  Oncologist   
  Pulmonologist  
 Other \_\_\_\_\_

Antibiotics:

- Treatment of methicillin-resistant *Staphylococcus aureus* (MRSA)  
 Member has a documented clinical failure, inadequate response, or valid contraindication\* to vancomycin  
 Culture is not sensitive to vancomycin (if cultures can be obtained)  
 Member has a history of MRSA infections that have not responded to vancomycin treatment  
 \*Vancomycin should generally not be considered a contraindication unless pretreatment with a histamine blocker such as diphenhydramine and slowing the infusion rate to < 15 mg/min has failed to prevent the reaction.
- Treatment of vancomycin-resistant *Enterococci* (VRE)  
 Documentation of vancomycin-resistant *Enterococci*
- Treatment of non-MRSA/VRE infections  
 Daptomycin (Cubicin®)  
 Complicated skin and skin structure infections  
 *Staphylococcus aureus* bloodstream infections (bacteremia), including those with right-sided infective endocarditis
- Tigecycline (Tygacil®)  
 Complicated skin and skin structure infections  
 Complicated intra-abdominal infections  
 Community-acquired bacterial pneumonia
- Dalfopristin/Quinupristin (Synercid®)  
 Complicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin-susceptible) or *Streptococcus pyogenes*
- Linezolid (Zyvox®)  
 Nosocomial pneumonia  
 Community-acquired pneumonia  
 Complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis  
 Uncomplicated skin and skin structure infections  
 Vancomycin-resistant *Enterococcus faecium* infection
- Other \_\_\_\_\_

**Antivirals:**

The member is unable to take the oral version\*

\*Oral voriconazole and posaconazole have a bioavailability of nearly 100% and are obtained through the pharmacy benefit.

Intravenous voriconazole (Vfend®)

The member has a documented infection of invasive *Aspergillosis*

The member has a fungal infection caused by *Scedosporium apiospermum* or *Fusarium* species

The member has documented esophageal candidiasis

The member has failed treatment with other antifungal therapies with same indication

• Indicate therapy and trial dates \_\_\_\_\_

The member is at high risk of developing invasive *Aspergillus* or *Candida* due to being severely immunocompromised

• Indicate condition \_\_\_\_\_

Other \_\_\_\_\_

Intravenous posaconazole (Noxafil®)

Indication \_\_\_\_\_

The therapy is an uninterrupted continuation initiated in a hospital or other inpatient facility:  Yes  No

HCPCS/J-code	
ICD code	
Strength requested	
Dosing schedule/frequency	
Duration of therapy	
Weight of member	
Administration site	<input type="checkbox"/> Provider office <input type="checkbox"/> Home infusion _____ <input type="checkbox"/> Outpatient infusion center _____ <input type="checkbox"/> Other _____

Provider signature \_\_\_\_\_

Date \_\_\_\_\_

**Pre-service decisions:** Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

**Urgent pre-service decisions:** Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

**Mail or fax form to:** Security Health Plan  
 Health Services Department  
 PO Box 8000  
 Marshfield, WI 54449-8000  
 Fax 715.221.9918

**Marshfield Clinic providers route to:**  
 Health Services Department  
 Routing location, SHP

**If you have any questions, please contact Provider Assistance at 1.800.472.2363.**