



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Fidaxomicin - Exchange

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: <input type="checkbox"/> Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	Specialty/facility name (if applicable):

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. The patient has a diagnosis of C. difficile-associated diarrhea (CDAD) confirmed by a positive stool assay.

Yes

No

Q2. The patient requires additional medication to complete a 10-day course of the requested drug for therapy that was initiated in the hospital.

Yes

No

Q3. The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to oral vancomycin.

Yes

No

Q4. The requested drug is being prescribed for a pediatric patient and ONE of the following criteria are met:

The patient has experienced an inadequate treatment response to oral metronidazole.

The patient has experienced an intolerance to metronidazole.

The patient has a contraindication that would prohibit a trial of metronidazole.



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Patient Name:	Prescriber Name:
Q5. Additional Information:	

Prescriber Signature

Date

v2026