

Rebyota - Non-PDL
Phone: 215-991-4300
Fax back to: 866-240-3712

Health Partners 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.

Member Name:		Prescriber Name:	
HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Primary Phone:	NPI:	PA PROMISe ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

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. Is the patient greater than or equal to 18 years of age?

 Yes

 No

Q2. Does the patient have a diagnosis of recurrent Clostridioides difficile infection (rCDI) as defined by both of the following: a. Presence of diarrhea defined as a passage of 3 or more loose bowel movements within a 24-hour period for 2 consecutive days; b. Positive stool test confirming a Clostridioides difficile infection?

 Yes

 No

Q3. Did the patient experience one or more recurrences of CDI following an initial episode of CDI?

 Yes

 No

Q4. Did the patient complete at least 10 days of oral vancomycin or oral fidaxomicin for rCDI 24 to 72 hours prior to initiating Rebyota?

 Yes

 No

Q5. Is the previous episode of CDI under control [e.g., less than 3 unformed/loose (i.e., Bristol Stool Scale type 6-7) stools/day for 2 consecutive days]?



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

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Yes

No

Q6. Will Rebyota be administered within 24 to 72 hours of completing antibiotic treatment for current CDI?

Yes

No

Q7. Has the patient previously received Rebyota, Vowst, or prior fecal microbiota transplants?

Yes

No

Q8. Is the medication prescribed by or in consultation with a gastroenterologist or infectious disease specialist?

Yes

No

Q9. Additional Information:

Prescriber Signature

Date

v2026