



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Xifaxan

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.

Form with fields for Patient Name, HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid, CHIP), Prescriber Name, Fax, Phone, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, City, State ZIP, Specialty/facility name (if applicable).

Expedited/Urgent checkbox

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

HPP's maximum approval time is 12 months but may be less depending on the drug.

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 18 years or older with a diagnosis of hepatic encephalopathy (HE)? (Please attach documentation)

Yes checkbox

No checkbox

Q2. Is the medication prescribed in consultation with a Gastroenterologist or Hepatologist?

Yes checkbox

No checkbox

Q3. Has the patient had a trial and inadequate response or is intolerant to non-absorbable disaccharides (i.e. lactulose)?

Yes checkbox

No checkbox

Q4. Is the patient 18 years or older with the diagnosis of travelers' diarrhea caused by noninvasive strains of E.coli with treatment failure or clinically significant adverse effects to a fluoroquinolone (i.e. ciprofloxacin, levofloxacin) or azithromycin? (Please attach documentation)

Yes checkbox

No checkbox

Q5. Is the patient 12 to 18 years of age with the diagnosis of travelers' diarrhea caused by noninvasive strains of E.coli with treatment failure or clinically significant adverse effects to azithromycin?

Yes checkbox

No checkbox

Q6. Is the patient 18 years or older with a diagnosis of moderate to severe IBS with diarrhea, symptoms including abdominal pain, bloating and diarrhea? (Please attach documentation.)

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Form with fields for Patient Name, Prescriber Name, and questions Q7-Q12 regarding medication use and patient response.

Prescriber Signature

Date

Updated 2018