

HEALTH PARTNERS PLANS 2024 PRIOR AUTHORIZATION REQUEST FORM

Rebyota

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.

Patient Name:	Prescriber N	ame:	
HPP HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Conta	ct:	
Patient Primary Phone:	NPI:	PA PROMISe ID:	
Address:	Address:	Address:	
City, State ZIP:	City, State Z	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP		Specialty Pharmacy (if applicable):	
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code: Diagnosis:			
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 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	s □ 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 lea to 72 hours prior to initiating Rebyo	•	nycin or oral fidaxomicind for rCDI 24	
☐ Yes	□No		
Q5. Is the previous episode of CD Stool Scale type 6-7) stools/day fo		han 3 unformed/loose (i.e., Bristol	

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Patient Name:	Prescriber Name:	
☐ Yes	□ No	
Q6. Is the medication is prescribed by or in consultation with a gastroenterologist or infectious disease specialist?		
☐ Yes	□ No	
Q7. Additional Information:		
Prescriber Signature	Date	

Updated for 2024