

PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Medicare Part D - Xifaxan

Phone: 800-728-7947

Fax back to: 866-880-4532

Scott & White Prescription Services 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 left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:	
Member/Subscriber Number:	Supervising Physician:	
Date of Birth:	Fax:	Phone:
Group Number:	Office Contact:	
Address:	NPI:	State Lic ID:
City, State ZIP:	Address:	
Primary Phone:	City, State ZIP:	
	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please provide ICD code(s) for diagnosis.
Q2. What diagnosis is Xifaxan being prescribed for (pick one)? <input type="checkbox"/> Hepatic encephalopathy, prophylaxis <input type="checkbox"/> Irritable bowel syndrome (IBS) with diarrhea <input type="checkbox"/> Traveler's diarrhea, noninvasive strains of e. coli <input type="checkbox"/> Other (please specify)
Q3. What regimen is being prescribed? <input type="checkbox"/> Xifaxan 550 mg 2 times daily <input type="checkbox"/> Xifaxan 550 mg 3 times daily <input type="checkbox"/> Xifaxan 200 mg 3 times daily <input type="checkbox"/> Other (specify regimen and provide citation to support use)
Q4. If prophylaxis of hepatic encephalopathy, has patient ever had encephalopathy with admission to a hospital while on lactulose?

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Patient Name:	Prescriber Name: Supervising Physician:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q5. If prophylaxis of hepatic encephalopathy, has patient ever had encephalopathy with uncontrolled diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q6. If prophylaxis of hepatic encephalopathy, has patient ever had encephalopathy with an intolerance to lactulose? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. If prophylaxis of hepatic encephalopathy, has patient ever had encephalopathy not improving with lactulose alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Additional Comments	

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

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