

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.*

Drug Requested: **Xifaxan®** (rifaximin)

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below **ALL** that apply. Boxes **must** be checked to qualify or authorization process will be delayed. Chart notes and lab results **MUST** be attached to this request.

<u>Diagnosis:</u>	<input type="checkbox"/> Hepatic Encephalopathy	<input type="checkbox"/> Irritable bowel syndrome with Diarrhea	<input type="checkbox"/> Traveler's Diarrhea	<input type="checkbox"/> Other: _____
Trial and Failure:	<input type="checkbox"/> Lactulose - 20 to 30g (30 to 45mL) 3 to 4 times daily			_____
Dose	<input type="checkbox"/> 550mg BID daily	<input type="checkbox"/> 550mg TID for 14 days only	<input type="checkbox"/> 200mg TID for 3 days only	_____
Re-Auth		<input type="checkbox"/> Another 14 days only. Has 4 months elapsed since last Xifaxan® dose	<input type="checkbox"/> Last dose: _____ Approval will be 3 days only	

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 2/18/2016
REVISED/UPDATED: 5/9/2016; 5/27/2016; 8/12/2016; 12/20/2016; 9/24/2017