

DIFICID (fidaxomicin) PRIOR AUTHORIZATION FORM *(form effective 01/03/2022)*

Prior authorization guidelines for **Antibiotics, GI and Related Agents** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total # of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	<input type="checkbox"/> Dificid tablet <input type="checkbox"/> Dificid suspension <input type="checkbox"/> Dificid _____	Strength:	Quantity:
Dose/directions:			
Diagnosis (<i>submit documentation</i>):		DX codes (<i>required</i>):	

Check all of the following that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

For treatment of *Clostridioides difficile* infection:

- Is prescribed Dificid (fidaxomicin) as a continuation of therapy upon inpatient discharge
- Has at least one of the following risk factors associated with a high risk of recurrence of *Clostridioides difficile* infection:
 - 65 years of age or older
 - Clinically severe *Clostridioides difficile* infection (Zar score ≥ 2)
 - Immunocompromised status
- Had at least one previous episode of *Clostridioides difficile* infection

For treatment of any medical condition EXCEPT *Clostridioides difficile* infection:

- Has a history of trial and failure of or contraindication or an intolerance to the preferred medications in this class that are approved or medically accepted for the diagnosis (*Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred medications in this class.*)

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855•552•6028 PA Relay 711 GeisingerHealthPlan.com



Prescriber Signature:	Date:
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