

GI MOTILITY, CHRONIC – DIARRHEA-RELATED DIAGNOSES

PRIOR AUTHORIZATION FORM (form effective 01/03/2022)

Prior authorization guidelines **GI Motility, Chronic** 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 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:		Strength:	
Dose/directions:		Quantity:	Refills:
Diagnosis (<u>submit documentation</u>):		Dx code (<u>required</u>):	
Is the requested medication being prescribed by or in consultation with a gastroenterologist?		<input type="checkbox"/> Yes <i>If prescriber is not a gastroenterologist, submit documentation of consultation.</i> <input type="checkbox"/> No	

Complete all sections that apply to the beneficiary and this request. Check all that apply and submit documentation for each item.

All INITIAL requests

- Tried and failed a low fermentable oligo-, di-, and monosaccharides and polyols (FODMAP) diet
- For Lotronex (alosetron) INITIAL requests:**
 - Has chronic IBS symptoms generally lasting 6 months or longer
 - Had anatomic or biochemical abnormalities of the GI tract excluded
 - Has severe diarrhea-predominant IBS that includes at least one of the following:
 - Frequent and severe abdominal pain/discomfort
 - Frequent bowel urgency or fecal incontinence
 - Disability or restriction of daily activities due to IBS
- For Viberzi (eluxadoline) INITIAL requests:**
 - Has results of recent liver function tests (LFTs)

All RENEWAL requests

- Experienced a positive clinical response since starting the requested medication

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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