

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Xifaxan 550mg[®] (Rifaximin)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New request Continuation request
 Drug product: Xifaxan 550mg Tablets
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for Xifaxan 550mg tablets are \$36.60. The annual cost of treatment with this drug will vary depending on the patient's circumstances.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea
2. Member is at least 18 years old
3. Documentation is provided regarding the following:
 - Dietary Changes
 - Use of antispasmodics

Or

1. Diagnosis of Hepatic encephalopathy
2. Member is at least 18 years old

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Additional information

Note: For the diagnosis of Irritable bowel syndrome with diarrhea (IBS-D), the quantity is limited to one 550 mg tablet given 3 times daily for 14 days; may be retreated up to 2 times with the same dosing regimen if symptoms recur.

For the diagnosis of hepatic encephalopathy recurrence, the quantity is limited to one 550 mg tablet given 2 times daily

New request

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea
- Diagnosis of Hepatic encephalopathy
- Other – the patient’s condition is: _____

Rationale for use: _____

B. Has documentation been submitted to support dietary changes and the use of antispasmodics?

- Yes
- No