

ANTIBIOTICS, GI and RELATED AGENTS PRIOR AUTHORIZATION FORM (form effective 1/5/2026)

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	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact’s phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/State/Zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:	
Dose/directions:		Quantity:	Refills:
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	

Complete the section(s) below that apply to the beneficiary and this request.

Check all that apply and submit documentation for each item.

NOTE: XIFAXAN (rifaximin) TABLET is no longer a Medicaid-covered drug.

Bausch Health US, LLC (“BHC”), the manufacturer of Xifaxan, ceased participation the Medicaid Drug Rebate Program (“MDRP”) effective October 1, 2025.

- Medicaid patients whose plans no longer provide coverage for our products may be eligible for single-source BHC pharmaceuticals through our Patient Assistance Program (PAP).
- To enroll, click on the “Application for Medicaid-Only Patients” link at <https://www.bauschhealthpap.com/> or by calling 1-833-862-8727.

1. For treatment of TRAVELERS’ DIARRHEA:

Has a history of trial and failure of or a contraindication or an intolerance to azithromycin

2. For DIFICID / FIDAXOMICIN for treatment of *CLOSTRIDIoidES DIFFICILE* INFECTION:

- 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

- Has a recurrent episode of *Clostridioides difficile* infection
- Is prescribed Difidid (fidaxomicin) as a continuation of therapy upon inpatient discharge

3. For ALL OTHER NON-PREFERRED Antibiotics, GI and Related Agents and for ALL OTHER indications:

- Has a history of trial and failure of or a contraindication or an intolerance to the preferred Antibiotics, GI and Related Agents.
Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs 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.**

Prescriber Signature:

Date:

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