CHARTWELL Pharmacy

REBYOTA FORM

Contact Info: Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 | Fax: 412-920-1828

Date: _____ Start of Care: _____ Auth #: _____ Auth Dates: _____ ☐ UPMC prior auth form attached

PATIENT INFORMATION

Patient Name:			Patient DOB:
Phone:	Email:		
Address:	City:	State:	Zip:
Emergency Contact:	Phone:	Relationship:	

INSURANCE INFORMATION

Primary Insurance:	Policy #:	Group #:	Insured:
Secondary Insurance:	Policy #:	Group #:	Insured:

CLINICAL INFORMATION & PRIMARY DIAGNOSIS (ICD 10)

Height:	Weight:	Allergies:	Latex Allergy: ☐ Yes ☐ No

Diagnosis:
☐ A04.71 - Enterocolitis due to Clostridium difficile, recurrent
☐ A04.72 - Enterocolitis due to Clostridium difficile, not specified as recurrent
☐ Other:

PRESCRIPTION INFORMATION

MEDICATION		DIRECTIONS	QUANTITY	REFILLS
Rebyota®	Day of last dose of oral antibiotic: _____	☐ 150ml administered rectally x1 dose ☐ Epi-kit	1	0

PRESCRIBER INFORMATION

Date Shipment Needed:	Ship to: ☐ Patient ☐ Physician/Clinic ☐ Other:		
Physician Name:	Office Contact:	Phone:	Fax:
Address:	City:	State:	Zip:
Physician Signature:	Date:		

REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING & INSURANCE APPROVAL

☐ Include signed and completed order (this sheet completed and signed by provider)
☐ Include patient demographic information and insurance information (please complete all sections above)
☐ Include patient's current medication list
☐ Supporting clinical notes to support diagnosis including any past tried and/or failed therapies
☐ Patient has had at least one recurrence of CDI after an initial episode and has completed at least one round of standard treatment (i.e., oral vancomycin, Dificid)

-OR-

☐ Patient has had two or more episodes of CDI resulting in hospitalization in the last year
☐ Include results of positive stool test confirming the presence of C. difficile toxin or toxigenic C. difficile within 30 days prior to treatment
☐ Other medical necessity: _____

I authorize Chartwell Pennsylvania, LP and its representatives to act as an agent and execute the insurance prior authorization process.

Updated: 03/30/26