

XARELTO
PRIOR AUTHORIZATION FORM

Xarelto is a Preferred agent on the Medical Assistance Preferred Drug List (PDL) & requires clinical prior authorization. To review the prior authorization guidelines, please refer to the Medical Assistance Prior Authorization of Pharmaceutical Services Handbook Chapter – Anticoagulants (accessible at: <http://www.dhs.state.pa.us/publications/bulletinsearch/index.htm>).

PRIOR AUTHORIZATION REQUEST INFORMATION

New Renewal Additional Information (PA#: _____)
of Pages in this Request: _____ Office Contact Name: _____ Phone: _____

RECIPIENT INFORMATION

Name: _____ Recipient ID#: _____ Date of Birth: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Specialty: _____
NPI#: _____ OR MA Provider ID#: _____ State License#: _____
Prescriber Address: _____ Suite #: _____
City/State/Zip: _____ Phone:(_____) _____ Fax:(_____) _____

MEDICAL INFORMATION

Xarelto Strength: 10 mg 15 mg 20 mg Quantity: _____ Refills: _____

Directions: _____ Document Recipient's Weight: _____ kilograms

1. Check indication for Xarelto & submit supporting documentation:

- Acute Treatment: deep vein thrombosis (DVT) pulmonary embolism (PE)
Post-Op DVT Prophylaxis: hip replacement – surgery date: _____ knee replacement – surgery date: _____
Long-Term Prophylaxis Due To: atrial fibrillation (Non-valvular) history of a DVT or PE

Document Diagnosis Code: _____ (required)

2. Do any of the following medical conditions apply to the Recipient (check all that apply & submit documentation)?

- Has a prosthetic heart valve (mechanical or biological)
 Moderate or severe hepatic impairment
 Hepatic impairment associated with coagulopathy
 Active pathological bleeding

3. Does the Recipient have results of a recent serum creatinine (SCr) level? Yes (submit documentation) No

4. Does the Recipient have a feeding tube? Yes – what type (NG, NJ, etc)? _____ (submit documentation) No

5. Is the Recipient prescribed any of the following interacting medications (check any that apply & submit a medication list)?

- Another anticoagulant or an antiplatelet (e.g., Brilinta, Effient, Plavix, heparin, LMWH, NSAID, aspirin)
 A medication that is a combined P-glycoprotein and strong CYP3A4 Inducer
[e.g., carbamazepine, phenobarbital, phenytoin, rifampin, St. John's Wort (an herbal)]
 A medication that is a combined P-glycoprotein and strong CYP3A4 Inhibitor
[e.g., clarithromycin, darunavir, erythromycin, fluconazole, itraconazole, Kaletra, ketoconazole, ritonavir]

PLEASE FAX COMPLETED FORM WITH CLINICAL INFORMATION TO DHS – PHARMACY DIVISION

Prescriber Signature: _____ Date: _____

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