iowa total care | ia health link | Hawki | envolve Pharmacy Solutions

FAX Completed Form To
1.833.404.2392
Pharmacy Help Desk
1.800.460.8988
Prescriber Help Desk
1.833.587.2012

Request for Prior Authorization
Vorapaxar (Zontivity™)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone

Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.

Pharmacy NPI	Pharmacy fax	NDC

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions: 1) Patient has a history of myocardial infarction (MI) or peripheral artery disease (PAD); and 2) Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and 3) Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and 4) Patient will use vorapaxar concurrently with aspirin and/or clopidogrel. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

☐ Zontivity™

Strength	Dosage Instructions	Quantity	Days Supply
_____	_____	_____	_____

Diagnosis: _____

Does patient have history of:

Stroke: ☐ Yes ☐ No **TIA:** ☐ Yes ☐ No **Intracranial Bleeding:** ☐ Yes ☐ No

Does patient have active peptic ulcer? ☐ Yes ☐ No

Treatment failure with aspirin plus clopidogrel:

Aspirin Trial dose: _____ Trial dates: _____

Clopidogrel Trial dose: _____ Trial dates: _____

Reason for failure: _____

Vorapaxar will be taken concurrently with:

aspirin: ☐ Yes ☐ No **clopidogrel:** ☐ Yes ☐ No

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission

IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*