AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Zontivity® (vorapaxar)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

Zontivity® is not to be used as monotherapy

CLINICAL CRITERIA: Check below **ALL** that apply. **ALL** criteria must be met for approval. **ALL** documentation including labs or chart notes (if required) **must** be submitted or request will be denied.

- **Prescriber is:** ❑ **vascular specialist** ❑ **cardiologist**

❑ Has patient had a myocardial infarction? (MI) ❑ Yes ❑ No

1. Does patient have peripheral arterial disease? (PAD) ❑ Yes ❑ No
2. Has patient had a previous stroke? ❑ Yes ❑ No
3. Has patient had a previous transient ischemic attack? (TIA) ❑ Yes ❑ No
4. Has patient had a previous intracranial hemorrhage? ❑ Yes ❑ No

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.*

Approved by Pharmacy and Therapeutics Committee: 9/18/2014
REVISED/UPDATED/REFORMATTED: ~~11/24/2014; 12/12/2014; 5/22/2015; 12/29/2015; 12/20/2016; 8/21/2017; 6/18/2019~~; **10/27/2023**