

FAX Completed Form To 1 (800) 574-2515

Request for Prior Authorization Vorapaxar (Zontivity[™])

Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)
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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		
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.			
Strength	Dosage Instructions Qua	ntity Days Supply	
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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 pre	scriber listed above.)	Date of submission	
medical necessity only. If approval of t	uests for prior authorization the consultant will on his request is granted, this does not indicate that provider who initiates the request for prior author	t the member continues to be eligible for	

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.