OPTIMA HEALTH PLAN

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 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.***

Drug Requested: **Savaysa®** (edoxaban)

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

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

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

Patient Height: _____ **Weight:** _____ **Serum creatinine:** _____ **Age:** _____

CLINICAL CRITERIA*: *Check below ALL that apply. Boxes must be checked to qualify for Abstral® or authorization process will be delayed.

❑ Patient is not using warfarin concomitantly	
AND	
❑ Patient has tried and failed Xarelto®	
Choose *one Indication* below: **AND**	**Choose *one Dosage* Below:**
❑ Nonvalvular atrial fibrillation (to prevent stroke and systemic embolism)	❑ **60 mg daily** ❑ **30 mg daily** (patients with CrCl 30 to 50 ml/min or body weight less than or equal to 60 kg)
OR	
❑ Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) following 5-10 days of initial therapy with a parental anticoagulant	❑ **60 mg daily** ❑ **30 mg daily** (patients with CrCl 30 to 50 ml/min or body weight less than or equal to 60 kg)

*****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.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee**: 2/19/2015

REVISED/UPDATED: ~~4/29/2015~~; ~~5/27/2015~~; ~~12/29/2015~~; ~~12/19/2016~~; **8/17/2017**