PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Pradaxa

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Indicate whether the patient is a new start to Pradaxa or whether this is continuation of established therapy.

☐ NEW START to Pradaxa
☐ CONTINUATION of Pradaxa therapy

Q2. Has the patient failed or does the patient have a contraindication to at least ONE preferred Factor Xa inhibitor (i.e. Eliquis or Xarelto)?

☐ Yes ☐ No

Q3. Is Pradaxa being used for diagnosis of non-valvular atrial fibrillation OR atrial flutter?

☐ Yes ☐ No

Q4. Is Pradaxa being used as heart valve thrombosis prophylaxis secondary to a PROSTHETIC VALVE or ATRIAL FIBRILLATION due to MITRAL STENOSIS?

☐ Yes ☐ No

Q5. Is Pradaxa being used for treatment and/or secondary prevention of deep venous thrombosis (DVT) or pulmonary embolism (PE)?

☐ Yes ☐ No

Q6. Additional Comments:

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Prescriber Signature _____ Date _____

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.