PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Savaysa (edoxaban)

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. Is the patient a NEW START to Savaysa?

☐ Yes ☐ No

Q2. Is Savaysa being used for diagnosis of non-valvular atrial fibrillation OR atrial flutter?

☐ Yes ☐ No

Q3. Does the patient have a mechanical or prosthetic heart valve?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Q6. Has the patient failed an adequate trial of ELIQUIS?

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☐ Yes	☐ No
Q7. Has the patient failed an adequate trial of XARELTO?	
☐ Yes	☐ No
Q8. Does the patient have clinically significant intolerance or a contraindication to both Eliquis and Xarelto?	
☐ Yes	☐ No
Q9. Additional Comments:	

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 a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.