GHP Family Pharmacy Customer Service
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Geisinger

ZONTIVITY (vorapaxar) PRIOR AUTHORIZATION FORM *(form effective 01/01/2020)*

Prior authorization guidelines for Platelet Aggregation Inhibitors and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

☐ New request ☐ Renewal request	Total # pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Medication requested: Zontivity tablet	Strength:	
Directions:	Quantity:	Refills:
Diagnosis *(submit documentation)*:	DX code (*required*):	

Does the beneficiary have a history of trial and failure, contraindication, or intolerance to the preferred Platelet Aggregation Inhibitors? *Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.*	☐ Yes – *Submit all supporting documentation of medication name(s) and associated trial and failure, intolerance, and contraindications.* ☐ No
Is being prescribed by, or in consultation with, a cardiologist or other vascular specialist with	☐ Yes ☐ No
Does the beneficiary have at least one of the following diagnoses? *Check all that apply.* ☐ myocardial infarction (MI) ☐ peripheral artery disease (PAD)	☐ Yes – *Submit documentation of diagnosis.* ☐ No – *Submit medical literature supporting the use of Zontivity for the beneficiary's diagnosis.*
Will the beneficiary be taking Zontivity with any of the following medications? *Check all that apply.* ☐ aspirin ☐ clopidogrel	☐ Yes ☐ No *Submit documentation of beneficiary's complete current medication list.*
Does the beneficiary have any of the following contraindications to Zontivity? *Check all that apply.* ☐ history of stroke ☐ history of intracranial hemorrhage ☐ history of transient ischemic attack (TIA) ☐ active pathological bleeding	☐ Yes ☐ No *Submit documentation of beneficiary's pertinent medical history*
Will the beneficiary be taking any of the following medications while taking Zontivity? *Check all that apply.* ☐ anticoagulants ☐ SSRIs ☐ strong CYP3A4 inducers ☐ chronic NSAIDs ☐ SNRIs ☐ strong CYP3A4 inhibitors	☐ Yes ☐ No *Submit documentation of beneficiary's complete current medication list.*
Does the beneficiary severe hepatic impairment?	☐ Yes ☐ No *Submit results of beneficiary's most recent LFT results*

Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date: