Please note: All information below is required to process this request
For urgent requests please call 1-800-711-4555
Mon-Fri: 5am to10pm Pacific / Sat: 6am to 3pm Pacific
For real time submission 24/7 visit www.OptumRx.com and click Health Care Professionals
OptumRx • M/S CA 106-0286 • 3515 Harbor Blvd. • Costa Mesa, CA 92626

Xarelto® Prior Authorization Request Form

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
Is This Medication a New Start? ❑ Yes ❑ No	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:
❑ Atrial fibrillation
❑ Prophylaxis of deep vein thrombosis (DVT) following hip or knee replacement surgery
❑ Reduction of the risk of recurrence of DVT or pulmonary embolism (PE)
❑ Treatment of DVT or PE
❑ Other diagnosis: _____ ICD-9/10 Code(s): _____

Continuation of therapy:
❑ Yes ❑ No Is the requested medication being used as continuation of therapy upon hospital discharge?

Atrial fibrillation:
❑ Yes ❑ No Does the patient have a mechanical prosthetic heart valve?
❑ Yes ❑ No Does the patient have a bioprosthetic heart valve?

Prophylaxis of DVT following hip or knee replacement surgery:
❑ Yes ❑ No Does the patient have a completion of total knee or total hip replacement surgery?

Reduction in risk of recurrence of DVT or PE:
❑ Yes ❑ No Does the patient have a previous diagnosis of DVT or PE?
❑ Yes ❑ No Has the patient been treated with an anticoagulant for at least 6 months prior to this request?

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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