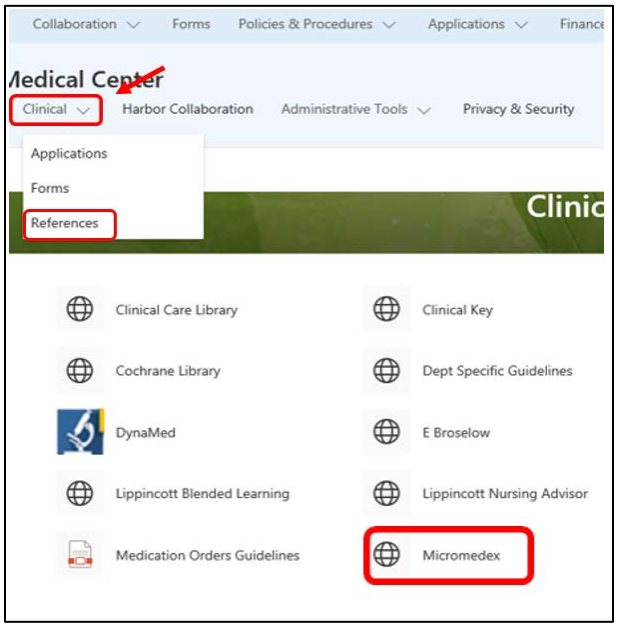
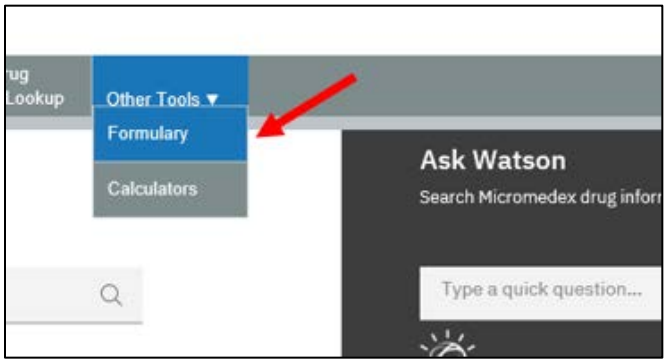
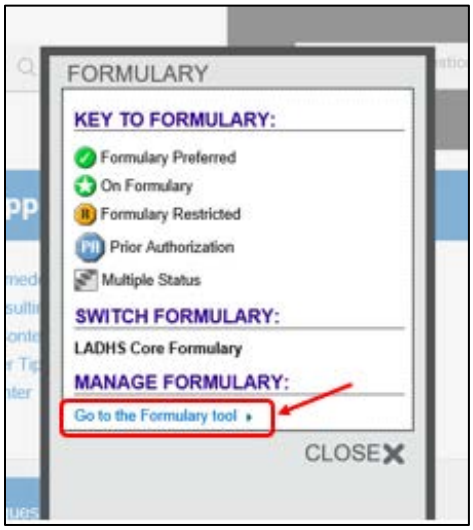
1. Go to Intranet→ Click Clinical tab→ Select References→ Micromedex



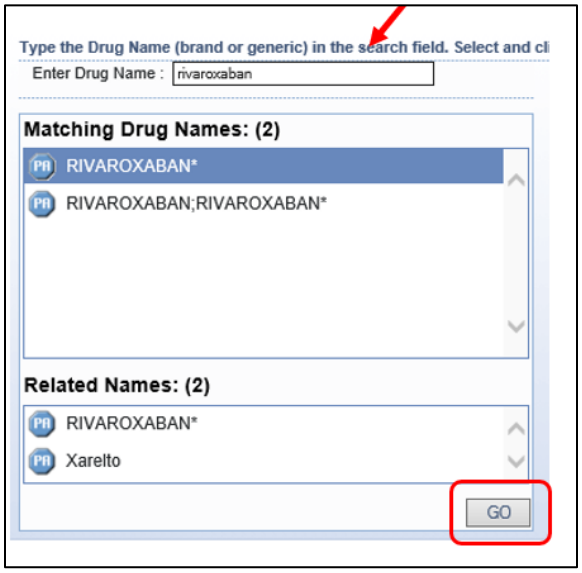
2. Click on “Other Tools”→ Formulary



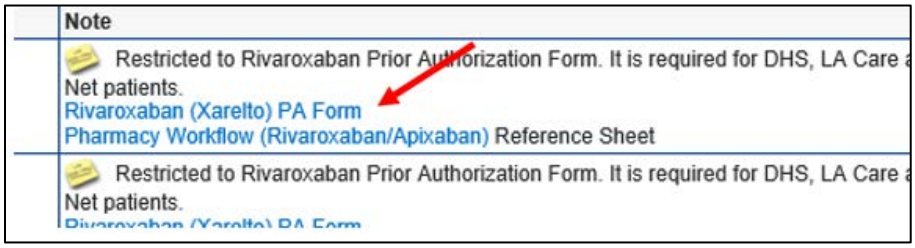
3. In the formulary window click “Go to the Formulary tool”



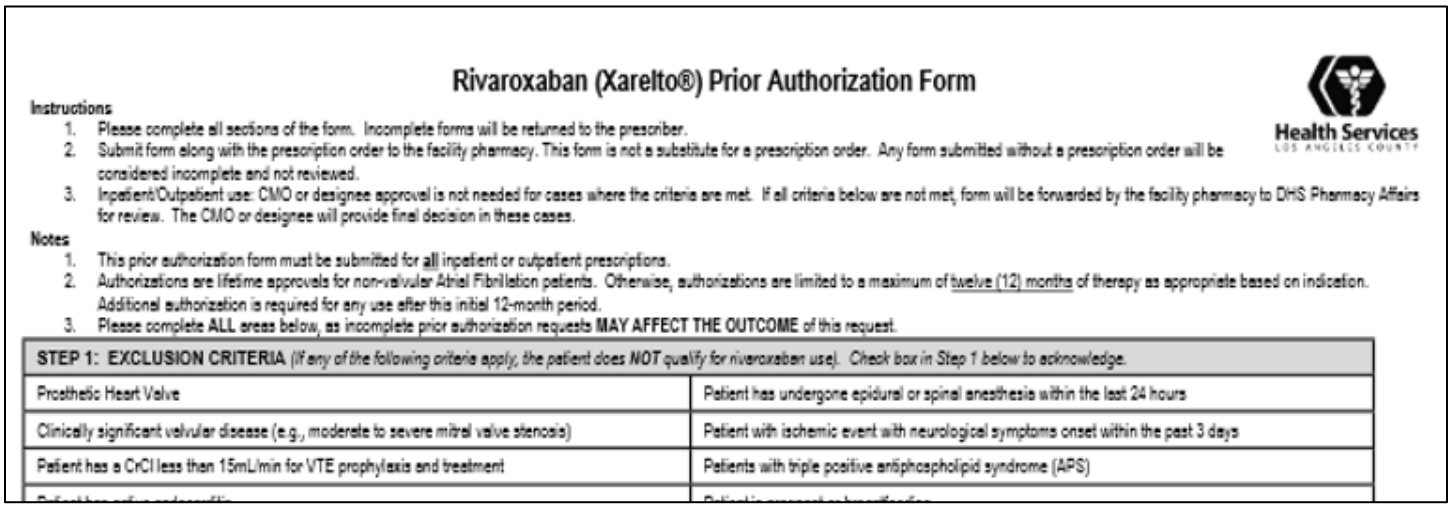
4. Type in medication name and click go



5. Click on PA form link to open medication specific PA form



6. Print and fill out form, and scan to pharmacy



Rivaroxaban (Xarelto®) Prior Authorization Form

Health Services
LOS ANGELES COUNTY

Instructions

1. Please complete all sections of the form. Incomplete forms will be returned to the prescriber.
2. Submit form along with the prescription order to the facility pharmacy. This form is not a substitute for a prescription order. Any form submitted without a prescription order will be considered incomplete and not reviewed.
3. Inpatient/Outpatient use: CMO or designee approval is not needed for cases where the criteria are met. If all criteria below are not met, form will be forwarded by the facility pharmacy to DHS Pharmacy Affairs for review. The CMO or designee will provide final decision in these cases.

Notes

1. This prior authorization form must be submitted for all inpatient or outpatient prescriptions.
2. Authorizations are lifetime approvals for non-valvular Atrial Fibrillation patients. Otherwise, authorizations are limited to a maximum of twelve (12) months of therapy as appropriate based on indication. Additional authorization is required for any use after this initial 12-month period.
3. Please complete **ALL** areas below, as incomplete prior authorization requests **MAY AFFECT THE OUTCOME** of this request.

STEP 1: EXCLUSION CRITERIA *(If any of the following criteria apply, the patient does **NOT** qualify for rivaroxaban use). Check box in Step 1 below to acknowledge.*	
Prosthetic Heart Valve	Patient has undergone epidural or spinal anesthesia within the last 24 hours
Clinically significant valvular disease (e.g., moderate to severe mitral valve stenosis)	Patient with ischemic event with neurological symptoms onset within the past 3 days
Patient has a CrCl less than 15mL/min for VTE prophylaxis and treatment	Patients with triple positive antiphospholipid syndrome (APS)