

**XARELTO® REIMBURSEMENT ASSISTANCE CHRONIC TREATMENT CHECKLIST &  
HCP GUIDELINE FOR SPAF/ DVT/ PE**

*This form is intended to assist your practice and is not intended to accompany the motivation and documents submitted to funders*

<p align="center"><b>Documents / Information required for Xarelto® reimbursement assistance</b></p>	
<p><b>1.1 Signed Patient Informed Consent Form</b> If a patient is not able to sign their own consent form, only a spouse, parent, legal guardian may sign on their behalf. A copy of the guardians ID must accompany the signed consent form as well as proof of jurisdiction. Consent forms may not be signed by other third party signatories.</p>	
<p><b>1.2 Signed Doctor Consent Form</b> Only the prescribing doctor may sign the Doctor's Informed Consent form. No forms signed on behalf of the doctor will be accepted. No electronic signatures are accepted.</p> <p><b>NB: We will regrettably not be able to proceed with Xarelto® reimbursement assistance without the signed informed patient and doctor consent forms.</b></p>	
<p><b>2. A Motivation Letter on the Prescriber's letterhead</b></p> <p>It is strongly suggested that the motivation be from a Specialist and that it confirms the following:</p> <ul style="list-style-type: none"> <li>• Patient's full name and surname</li> <li>• Medical aid scheme name</li> <li>• Member number</li> <li>• An appropriate ICD10 code and diagnosis</li> <li>• Patient's treatment history</li> <li>• If and when the patient started using Warfarin</li> <li>• Reasons why the patient can no longer use Warfarin</li> <li>• Co-morbidities which may put the patient at increased risk</li> <li>• Any side effects experienced while on Warfarin- Please include detailed description of symptoms and treatment undertaken to alleviate side effects</li> <li>• Description of symptoms, treatment undertaken as well as INR at the time</li> <li>• Dates and duration of hospitalisation due to SPAF/DVT/PE</li> <li>• The prescribing doctor's signature</li> </ul> <p><b>NB: Warfarin naïve patients will also require a motivation from their prescribing Healthcare Professional, which explains/confirms their treatment history and why the patient is not an eligible candidate for Warfarin use.</b></p>	

<p><b>3. Xarelto® prescription with appropriate ICD10 code and dosage</b></p> <p>(In line with the indicated use of Xarelto® as per the package insert prescribing guidelines)</p>	
<p><b>4. INR Results</b></p> <p>3 to 6 Months latest consecutive INR results, with corresponding Warfarin dosages (Dependent on scheme rules)</p>	
<p><b>5. A completed Chronic Medication A Application form</b></p> <p>As provided/ required by the Medical Funder</p>	
<p><b>6. Latest Renal function test results</b></p>	
<p><b>7. Supporting documentation</b></p> <p>Including any documentation providing or supporting evidence of Warfarin failure or reported evidence of Warfarin side effects.</p> <p>All Radiology and other tests or procedure reports/ results, ECG and/or ECHOs done.</p> <p>Any other documents which are pertinent or relate to the patient's condition</p>	

Please be advised that we will not be able to proceed with reimbursement assistance without the above documents.

Kindly submit all documentation to the following email address [za-marketaccess@bayer.com](mailto:za-marketaccess@bayer.com) or Fax: **086 679 7237**

Please note that you will receive a notification acknowledging receipt of the assistance request within 24 hours of receipt by Bayer.

You will be notified every 7-10 days providing feedback with regards to the progress of the application, once submitted to the Medical Funder

Once an outcome decision has been received from the Medical Funder, you will receive notification within 24 hours. Should the outcome decision not be favourable, you will be provided with guidance and/or assistance on the how to lodge an appeal with the Medical Funder, or guided w.r.t. ex gratia applications and/or lodging an appeal with the CMF

Should you have any queries, please feel free to contact the Medicines Access Consultant, using email address [za-marketaccess@bayer.com](mailto:za-marketaccess@bayer.com), or contact number during office hours: 011 921 5737/ 5013