



# Hematopoietics/Chronic ITP Prior Authorization of Benefits Form

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

**Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.**

**Provider Help Desk: 1-800-454-3730**

### 1. Patient information

### 2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

### 3. Medication

### 4. Strength

### 5. Directions

### 6. Quantity per 30 days

_____	_____	_____	Specify: _____
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7. Diagnosis: \_\_\_\_\_

**8. Approval criteria:** (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization is required for hematopoietics/chronic ITP agents. Request must adhere to all FDA-approved labeling. Payment for a nonpreferred hematopoietic/chronic ITP agent will be considered following documentation of a recent trial and therapy failure with a preferred hematopoietic/chronic ITP agent, when applicable, unless such a trial would be medically contraindicated. Payment will be considered under the following conditions:

**Preferred**

Promacta

**Nonpreferred**

Doptelet

Mulpleta

Nplate

Promacta powder

Tavalisse

**Thrombocytopenia with chronic immune thrombocytopenia (ITP) (Doptelet, Promacta, Nplate, Tavalisse)**

Documentation of an insufficient response to a corticosteroid, immunoglobulin, or splenectomy.

Trial drug name: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Failure reason: \_\_\_\_\_

Has the patient undergone splenectomy?  No  Yes

**Severe aplastic anemia (Promacta)**

1. Patient has documentation of an insufficient response or intolerance to at least one prior immunosuppressive therapy; and
2. Patient has a platelet count  $\leq 30 \times 10^9/L$ .
3. If criteria for coverage are met, initial authorization will be given for 16 weeks.

Documentation of hematologic response after 16 weeks of therapy will be required for further consideration.

Trial drug name: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Failure reason: \_\_\_\_\_

Platelet count: \_\_\_\_\_ Lab date: \_\_\_\_\_

Renewal requests:

Has patient has a hematologic response after 16 weeks of Promacta therapy?  Yes (attach labs)  No

**Thrombocytopenia with chronic liver disease in patients scheduled to undergo a procedure (Doptelet, Mulpleta)**

Documentation of the following:

1. Pre-treatment platelet count; and
2. Scheduled dosing prior to procedure; and
3. Therapy completion prior to scheduled procedure; and
4. Platelet count will be obtained before procedure.

Platelet count: \_\_\_\_\_ Lab date: \_\_\_\_\_

Date of scheduled procedure: \_\_\_\_\_

Date for start of drug treatment: \_\_\_\_\_

After the last dose, a platelet count will be obtained prior to undergoing the procedure:  Yes  No

**Other diagnosis:** \_\_\_\_\_

Reason for use of Non-Preferred drug requiring prior approval: \_\_\_\_\_

Other medical conditions to consider: \_\_\_\_\_

**Attach lab results and other documentation as necessary.**

**9. Physician signature**

\_\_\_\_\_  
Prescriber or authorized signature

\_\_\_\_\_  
Date

*Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.*

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.