Fax completed prior authorization request form to 855-247-3677 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. **Incomplete forms or forms without the chart notes will be returned**

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/rbha-forproviders/pharmacy

Thrombopoiesis Stimulating Products
Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently

REQUIRED: Office notes, labs and medical testing relevant to request showing medical justification are required to support diagnosis

Member Information			
Member Name (first & last):	Date of Birth:	Gender: ☐ Male ☐ Female	Height:
Member ID:	City:	State:	Weight:

Prescribing Provider Information			
Provider Name (first & last):	Specialty:	NPI#	DEA#
Office Address:	City:	State:	Zip Code:
Office Contact:	Office Phone	Office Fax:	

Dispensing Pharmacy Information		
Pharmacy Name:	Pharmacy Phone:	Pharmacy Fax:

Requested Medication Information		
Preferred Agents:	☐ Promacta tablet	☐ Nplate
Non-Preferred Agents:	☐ Tavalisse	
Medication request is NOT for an FDA approved, or compendia supported diagnosis (circle one): ☐ Yes ☐ No	Diagnosis:	ICD-10 Code:
What medication(s) has member tried and failed for this diagnosis? Please specify:		
Directions for Use:	Strength:	Dosage Form:
	Quantity: / Day Supply:	Duration of Therapy/Use:
Are there any contraindications to formulary medications? If yes, please specify:	☐ Yes	☐ No

Turn-Around Time for Review	
☐ Standard – (24 hours)	☐ **Urgent** – waiting 24 hours for a standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision. Signature: _____

Clinical Information

☐ **Promacta Tablet**				
The following labs be monitored at baseline AND regularly throughout therapy:	☐ Ocular exam	☐ CBC with differentials	☐ Platelet Count	☐ LFTs

☐ **Chronic Immune Thrombocytopenia - Relapsed or Refractory**				
Member had insufficient response to any One of the following:	☐ corticosteroids	☐ immunoglobulins		
Is request to prevent a major bleed in member with PLT count <30,000/mm3?			☐ Yes	☐ No
Is request an attempt to achieve PLT counts in normal range (150,000-450,000/mm3)?			☐ Yes	☐ No

☐ **Renewal ONLY**						
Was there a PLT increase to >50,000/mm3 to <200,000/mm3?	☐ Yes	☐ No	Was there no PLT increase to >50,000/mm3?	☐ Yes	☐ No

☐ **Hepatitis C with Thrombocytopenia**					
Does member have chronic hepatitis C with baseline thrombocytopenia (platelet count < 75,000/mm3), preventing start of interferon-based therapy when an interferon is required?				☐ Yes	☐ No
The following labs are monitored:	☐ CBC with differentials	☐ Platelet counts monitored weekly until stable	☐ Hematology and liver tests will be completed regularly throughout		

			therapy

☐ **Renewal ONLY**						
Did PLT increase to >50,000?	☐ Yes	☐ No	Did platelet not increase to >50,000?		☐ Yes	☐ No

☐ **Severe Aplastic Anemia**						
Will Promacta be used in combination with standard immunosuppressive therapy?	☐ Yes	☐ No	☐ N/A	Is request for treatment of refractory aplastic anemia?	☐ Yes	☐ No
Is bone marrow biopsy showing <25% of normal cellularity?	☐ Yes	☐ No	Is bone marrow biopsy showing <50% of normal cellularity?		☐ Yes	☐ No
Is absolute neutrophil count <500/mm3?	☐ Yes	☐ No	Is platelet count <20,000/mm3?		☐ Yes	☐ No
Is absolute reticulocyte count <40,000/mm3 (value may also be given as percent of RBCs)					☐ Yes	☐ No
Is anemia refractory to previous 1st line treatment, including hematopoietic cell transplantation, or immunosuppressive therapy, with combination of cyclosporine A AND antithymocyte globulin?					☐ Yes	☐ No
Does member have a platelet count less than 30,000/mm^3					☐ Yes	☐ No
☐ **Renewal ONLY**						
Did platelets increase to ≥50,000/mm3?					☐ Yes	☐ No

☐ **Nplate**						
Is diagnosis of chronic idiopathic thrombocytopenia NOT due to any other cause (for example myelodysplastic syndrome)?					☐ Yes	☐ No
Does pediatric member of 1 year or older have chronic idiopathic thrombocytopenia for at least 6 months?	☐ Yes	☐ No	Is platelet count ≤30 x 109/L?		☐ Yes	☐ No
Was there trial and failure, intolerance, or contraindication, to BOTH a corticosteroid AND an immunoglobulin?					☐ Yes	☐ No
Has there been an insufficient response to, or is member NOT a candidate for a splenectomy?					☐ Yes	☐ No
☐ **Renewal ONLY**						
Did member have a response to therapy as evidenced by increased platelet count?					☐ Yes	☐ No
Was platelet count < 400 x 109/L?					☐ Yes	☐ No
Does member remain at risk for bleeding complications?					☐ Yes	☐ No

☐ **Tavalisse**						
Does member have diagnosis of chronic, refractory immune thrombocytopenia?					☐ Yes	☐ No
Insufficient response to previous TX:	☐ Corticosteroid	☐ Splenectomy	☐ IVIG	☐ Anti-D globulin	☐ Thrombopoietin Receptor Agonists (Promacta, Nplate)	
Was there trial and failure, or contraindication to Promacta tablet AND Nplate?	☐ Yes	☐ No	Is baseline PLT count <30 x 109/L?		☐ Yes	☐ No
Will provider monitor CBCs, AND platelet counts monthly, until stable PLT count (50 x 109/L) is achieved?					☐ Yes	☐ No
Will provider monitor LFTs such as ALT, AST, and bilirubin monthly?	☐ Yes	☐ No	Will provider monitor BP every 2 weeks until establishment of stable dose, then monthly thereafter?		☐ Yes	☐ No
Will Tavalisse be used concurrently with IVIG, rituximab, or thrombopoietin receptor agonist (Nplate, Promacta)?					☐ Yes	☐ No
☐ **Renewal ONLY**						
Has documentation shown that after 12 weeks, PLT count increased to a level sufficient enough to avoid clinically important bleeding?	☐ Yes	☐ No	Is provider continuing to monitor CBCs, including neutrophils, BP, LFTs?		☐ Yes	☐ No

Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records.

Signature affirms that information given on this form is true and accurate and reflects office notes.

Prescribing Provider's Signature: _____ **Date:** _____

Please note: Incomplete forms or forms without the chart notes will be returned

Office notes, labs, and medical testing relevant to the request that show medical justification are required.
Standard turnaround time is 24 hours. You can call 800-564-5465 to check the status of a request.