

Promacta[®] Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
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 <small>(required)</small>		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)

Select the diagnosis below:

Chronic immune thrombocytopenia
 Hepatitis C
 Other diagnosis: _____ ICD-10 Code(s): _____

Documentation required

Clinical information:
 Is the patient new to therapy? Yes No
 Please provide the following:

Baseline Platelet Count (less than 75 or 30x10 ⁹ /L)		Baseline ALT (aminotransferase)	
Date: _____	Level: _____	Date: _____	Level: _____

Documentation required

For chronic immune thrombocytopenia, also answer the following:
 Select if the patient has failed the following:

Corticosteroid
 IVIG (intravenous immunoglobulin)
 Insufficient response to splenectomy

Documentation required

For hepatitis C, also answer the following:
 Is the patient's platelet count less than 75,000/mcL? Yes No

Documentation required

Medication being provided by: (Please check applicable box below)

Physician's office PropriumRx Specialty Pharmacy (specify name): _____

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****
Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Prescriber Signature: _____ **Date:** _____

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.
 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.