

Nplate (Romiplostim) Prior Authorization Form



Physicians Plus
INSURANCE CORPORATION

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Member & Prescriber Information

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Must have chronic immune thrombocytopenic purpura, be >18yrs old and baseline platelet count <50,000/ml

Secondary causes of thrombocytopenia, not eligible for coverage.

Patient under the care of a hematologist.

Patient must have failed 2 or more therapeutic approaches listed.

Initial approval length is 12 months; reauthorization required. Target platelets >50,000

Nplate is a medical benefit drug and must be administered by the prescriber and billed accordingly

Nplate not covered for secondary causes of thrombocytopenia including but not limited to HIV, myelodysplastic syndrome, drug-induced or other cancers — use is considered experimental. Patients with the following comorbid conditions were explicitly excluded from clinical trials: congestive heart failure; myocardial infarction in previous 3 months; hepatitis B or C; thromboembolism in previous 12 months; abnormal liver enzymes; impaired renal function; neutropenia; and systemic lupus erythmatosus.

Diagnosis:

Patient new to Nplate (Romiplostim) therapy

Baseline Platelet Count (date):

Therapies used for the treatment of this patient's ITP (select at least 2)

- | | |
|---|---|
| <input type="checkbox"/> Corticosteroids | <input type="checkbox"/> Azathioprine |
| <input type="checkbox"/> Cyclosporine | <input type="checkbox"/> Mycophenolate |
| <input type="checkbox"/> Platelet transfusion | <input type="checkbox"/> Intravenous Immune Globulin (WinRho) |
| <input type="checkbox"/> Other: _____ | |

Choose Product

- Nplate 250 mcg single use vial
 Nplate 500 mcg single use vial

Sign/Date & Mail or Fax

Prescriber Signature: _____ Date: _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

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