



15 Earhart Drive, Suite 101, Amherst, NY 14221

# NPLATE AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:		Today's Date:		Date Needed:	
Date of birth:	Sex:	Weight:	Prescriber:	Specialty:	
Home Phone Number: ( ) ( )			Phone Number: ( ) ( )	Fax Number: ( ) ( )	
Home Address: City: State: Zip:			Address: City: State: Zip:		
Payor: <input type="checkbox"/> Independent Health <input type="checkbox"/> Anne Arundel Health System <input type="checkbox"/> Pharmacy Benefit Dimensions			<input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-funded		
Insurance ID:			Group Number:		
			Notes :		
			Allergies:		

DRUG NAME: NPLATE	STATEMENT OF MEDICAL NECESSITY
<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-authorization*	
Dose: _____	<input type="checkbox"/> Submission of a baseline CBC
Frequency: _____	<input type="checkbox"/> Submission of platelet count
Primary Diagnosis: _____	<input type="checkbox"/> Patient has tried and failed to tolerate or respond to a trial of <b>immunoglobulins, corticosteroids, or had a splenectomy</b>
ICD10 Code: _____	<i>Please list all medications that patient has failed</i>
<input type="checkbox"/> Adult patient is diagnosed with idiopathic thrombocytopenic purpura (ITP)	_____
<input type="checkbox"/> Pediatric patient 1 year of age or older is diagnosed with idiopathic thrombocytopenic purpura (ITP) for at least 6 months	_____
	<input type="checkbox"/> Patient has tried and failed to tolerate or respond to a trial of <b>Promacta®</b> therapy