PriorityHealth

# Medical prior authorization form

**Fax completed form to: 877.974.4411 toll free, or 616.942.8206**

This form applies to: ☒ **Commercial** ☒ **Commercial Individual (PPACA)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. The standard review time averages between 1 and 3 business days.

# Nplate® (romiplostim)

Reset Form

## Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

## Product and Billing Information

Drug product:
- ☐ Nplate 250 mcg injection
- ☐ Nplate 500 mcg injection

**Start date** (or date of next dose): _____

**Date of last dose** (if applicable): _____

**Dosing frequency:** _____

Place of administration:
- ☐ Provider's office
- ☐ Outpatient infusion center
- ☐ Home infusion

Center name: _____

Agency name: _____

Billing:
- ☐ Physician buy and bill
- ☐ Preferred specialty vendor
- ☐ Other: _____

- ☐ New request
- ☐ Continuation request

**ICD code(s):** _____

## Precertification Requirements

**Patient must meet one of the following 2 criteria:**

1) Diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP) with
   a) platelet count <30,000/microL, AND
   b) significant bleeding symptoms
2) Diagnosis of severe, persistent or recurrent ITP with
   a) platelet count <20,000/microL, AND
   b) an insufficient response to corticosteroids, immunoglobulin, or splenectomy, OR
   c) patient is not a candidate for splenectomy or immunoglobulin therapy

(Initial approval is 3 months then annually.)

**Note:** Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.



**All fields must be complete and legible for review. Your office will receive a response via fax.**

No changes made since 07/2017
Last reviewed 07/2017

## Priority Health Precertification Documentation

**A. What is the patient's diagnosis?**

☐ chronic ITP
☐ Other, the patient's condition is: _____

**B. What date was the patient diagnosed with chronic ITP?** _____

**C. Provide the results of the patient's most recent platelet count:**

Date: _____
Platelet count: _____

**D. Which of the following treatments were used for the patient's chronic ITP, and what was the patient's platelet response?**

☐ Splenectomy

☐ Corticosteroids

- Plate response (include dates of labs): _____
- What treatment-limiting ADR occurred (provide a description and the date of the reaction): _____

☐ Immunoglobulin

- What immunoglobulin product was used? _____
- What immunoglobulin dose was used? _____
- How long was immunoglobulin used for? _____
- Plate response (include dates of labs): _____
- What treatment-limiting ADR occurred (provide a description and the date of the reaction): _____

## Additional information

**Nplate dosing:** Starting dose is 1 mcg/kg subcutaneously once weekly. The median dose to achieve response is 2-3 mcg/kg weekly (maximum dose is 10 mcg/kg weekly). Nplate is dosed to achieve a platelet count above 50 x $10^9$/L (not to normal platelet levels). See table below for dose adjustments.

**Dosage adjustment based on platelet response:**

| Platelet response | Nplate dose |
|---|---|
| Starting Dose | 1 mcg/kg SC weekly |
| < 50 x $10^9$/L | Increase dose by 1 mcg/kg/week |
| ≥ 200 x $10^9$/L | Reduce dose by 1 mcg/kg/week |
| ≥ 200 x $10^9$/L to ≤ 400 x $10^9$/L for 2 consecutive weeks. | |
| > 400 x $10^9$/L | If platelet count is > 400 x $10^9$/L, do not dose. Continue to assess the platelet count weekly. After the platelet count has fallen to < 200 x 109/L, resume Nplate at a dose reduced by 1 mcg/kg. |
| > 400 x $10^9$/L after 2 weeks of therapy at lowest dose. | |
| Maximum Dose-No Response | Max dose 10 mcg/kg<br>Discontinue if no response in 4 weeks |


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Last reviewed 07/2017