

PROMACTA (eltrombopag)

Prior Authorization Request (Physician to Complete)



An Independent Licensee of the Blue Cross and Blue Shield Association

Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet

Date: ____/____/____

To: Wellmark Pharmacy Services

From (Prescriber's Name): _____

Fax Number: (866) 884-4345

Prescriber's DEA Number: _____

Phone Number: (800) 600-8065

Prescriber's Phone Number: _____

Prescriber's Specialty: _____

Prescriber's Fax Number: _____

Prescriber's Office Address: _____
Street Suite # City State Zip

Patient Name: _____

Patient ID: _____ Patient DOB: ____/____/____

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

- Please provide the diagnosis this therapy has been prescribed for: _____
ICD-9 Code: _____ Is this diagnosis greater than three (3) months in duration? Yes No
- Is this a request for initial therapy or continuation of therapy? Initial therapy Continuation of therapy
- What is the daily dose being prescribed? _____mg
- Is prescriber registered with the Promacta CARES Program? Yes No
- What is the patient's platelet count? _____
- Does the patient have a spleen? Yes No
- Has the patient had an inadequate response to or have a documented intolerance to corticosteroids such as prednisone or dexamethasone? Yes No
- Has the patient shown an inadequate response to or have a documented intolerance to intravenous immune globulin (IVIG or IGIV) or anti-Rh(D) immune globulin (WinRho)? Yes No
- Is the patient of East Asian ancestry (such as Chinese, Japanese, Taiwanese, or Korean)? Yes No
- Does the patient have moderate to severe hepatic impairment? Yes No
- If this is a continuation of therapy, is the patient's current liver alanine aminotransferase (ALT) level greater than or equal to 3 times the upper limit of normal? Yes No
- If this is a continuation of therapy, has the patient experienced an increase in platelet counts over baseline to a level sufficient to avoid clinically important bleeding? Yes No

Printed Name

Signature

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