Nplate (*romiplostim*)

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication requested:

☐ Nplate 125mcg vial ☐ Nplate 250mcg vial ☐ Nplate 500mcg vial
☐ Other (please specify):

Directions for use: Dose and Quantity: Duration of therapy:
J-Code: ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Retail pharmacy
☐ Other (please specify):
☐ Home Health / Home Infusion vendor
☐ Physician's office stock (billing on a medical claim form)
***Cigna's nationally preferred specialty pharmacy*

*****Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:

Facility Name: State: Tax ID#:
Address (City, State, Zip Code):

Where will this drug be administered?

☐ Patient's Home ☐ Physician's Office
☐ Hospital Outpatient ☐ Other (please specify):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the least intensive, medically appropriate setting.*

Is this patient a candidate for re-direction to an alternate setting (such as alternate infusion site, physician's office, home) with assistance of a Specialty Care Options Case Manager? ☐ Yes ☐ No (provide medical necessity rationale):

What is the indication or diagnosis?
☐ Immune Thrombocytopenia (ITP)
☐ Thrombocytopenia in Myelodysplastic Syndrome (MDS)
☐ Hematopoietic syndrome of acute radiation syndrome
☐ Thrombocytopenia, Chemotherapy-Induced
☐ Thrombocytopenia in a patient due to immune checkpoint inhibitor therapy [Examples of checkpoint inhibitors are Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Yervoy (ipilimumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), and Libtayo (cemiplimab-rwlc intravenous infusion)]
☐ All other indications and diagnoses

Clinical Information:

(if hematopoietic syndrome of acute radiation syndrome) Has the patient been acutely exposed to myelosuppressive doses of radiation? ☐ Yes ☐ No

(if ITP/MDS) Is this initial therapy or is the patient currently receiving Nplate?
☐ Initial Therapy
☐ Currently Receiving Nplate

(if ITP, if initial) Is the requested medication being prescribed by or in consultation with a hematologist? ☐ Yes ☐ No

(if ITP, initial therapy) Is documentation being provided that the patient has tried at least one other therapy? Note: Examples of therapies are systemic corticosteroids, intravenous immunoglobulin, anti-D immunoglobulin, eltrombopag tablets and oral suspension, Tavalisse (fostamatinib tablets), Doptelet (avatrombopag tablets), Alvaiz (eltrombopag choline tablets), Doptelet Sprinkle (avatrombopag oral granules), Wayrilz (rilzabrutinib tablets), or rituximab. PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

> (if no) Is documentation being provided that the patient has undergone a splenectomy? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

(if ITP, if initial) Is documentation being provided that the patient has a platelet count less than 30 x 10^9/L (less than 30,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

> (if no) Is documentation being provided that the patient has a platelet count less than 50 x 10^9/L (less than 50,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No
>
> > (if less than 50k) Is the patient at an increased risk of bleeding, according to the prescriber? ☐ Yes ☐ No

(if ITP, if currently receiving) Has the patient demonstrated a beneficial clinical response, according to the prescriber? Please Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes. ☐ Yes ☐ No

(if ITP, if currently receiving) Does the patient remain at risk for bleeding complications? ☐ Yes ☐ No

(if MDS, if initial) Is the requested medication being prescribed by or in consultation with a hematologist or an oncologist? ☐ Yes ☐ No

(if MDS, initial) Does the patient have very low, low, or intermediate-risk myelodysplastic syndrome (MDS)? ☐ Yes ☐ No

(if MDS, initial) Is documentation being provided that the patient has a platelet count less than 30 x 10^9/L (less than 30,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

> (if no) Is documentation being provided that the patient has a platelet count less than 50 x 10^9/L (less than 50,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No
>
> > (if less than 50k) Is the patient at an increased risk of bleeding, according to the prescriber? ☐ Yes ☐ No

(if MDS, currently receiving) Has the patient demonstrated a beneficial clinical response, according to the prescriber? Please Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes. ☐ Yes ☐ No

(if MDS, currently receiving) Does the patient remain at risk for bleeding complications? ☐ Yes ☐ No

(if chemo) Is this initial therapy or is the patient currently receiving Nplate?
☐ Initial therapy
☐ Currently Receiving Nplate

(if chemo, if initial) Is documentation being provided that the patient has a platelet count less than 100 x 10^9/L (less than 100,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

(if chemo, if initial) Does the patient have thrombocytopenia at least 3 weeks after the most recent dose of chemotherapy? ☐ Yes ☐ No

(if no) Has the patient experienced a delay in chemotherapy administration related to thrombocytopenia? ☐ Yes ☐ No

(if chemo, initial) Is the requested medication being prescribed by or in consultation with a hematologist or an oncologist? ☐ Yes ☐ No

(if chemo, if currently receiving) Is the patient continuing to receive treatment with chemotherapy? ☐ Yes ☐ No

(if chemo, currently receiving) Has the patient demonstrated a beneficial clinical response, according to the prescriber? Please Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes. ☐ Yes ☐ No

(if Immune Checkpoint Inhibitor therapy) Is this initial therapy or is the patient currently receiving Nplate?
☐ Initial therapy
☐ Currently Receiving Nplate

(if Immune Checkpoint Inhibitor Therapy, initial) Is documentation being provided that the patient has a platelet count less than 50 x 10^9/L (less than 50,000/mcL)? PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

(if Immune Checkpoint Inhibitor Therapy, initial) Is documentation being provided that the patient tried at least one systemic corticosteroid? Note: Examples of a corticosteroid include methylprednisolone and prednisone. PLEASE NOTE: Medical documentation specific to your response must be attached to this case or your request may be denied. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information. All documentation must include patient-specific identifying information. ☐ Yes ☐ No

(if Immune Checkpoint Inhibitor therapy, initial) Is the requested medication being prescribed by or in consultation with a hematologist or an oncologist? ☐ Yes ☐ No

(if Immune Checkpoint Inhibitor therapy, currently receiving) Has the patient demonstrated a beneficial clinical response, according to the prescriber? Please Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes. ☐ Yes ☐ No

Additional Pertinent Information:

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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