



Fax Referral To: 800-323-2445

Phone: 866-278-6634

Promacta[®] (eltrombopag olamine)
Enrollment Form
For Blue Cross Blue Shield of Rhode Island Members

Date: _____ Needs by Date (Please Specify): _____

Ship to: ☐ Patient ☐ Office ☐ Other: _____

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate Phone: _____

SS #: _____

Insurance ID: _____

Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

State License #: _____ UPIN: _____

DEA #: _____ NPI #: _____

Group or Hospital: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Contact Phone: _____

INSURANCE INFORMATION (If available, please copy and attach the front and back of insurance and prescription drug card)

Primary Insurance: Subscriber: _____ Subscriber ID#: _____ Name of Insurer: **Blue Cross Blue Shield of RI**

Secondary Insurance: Subscriber: _____ Subscriber ID#: _____ Name of Insurer: _____

STATEMENT OF MEDICAL NECESSITY for BCBS of Rhode Island Members

Diagnosis (ICD-9 Code): ☐ _____ • Date of Diagnosis: _____

Approval Criteria: CHECK ALL BOXES THAT APPLY

Please note: Any areas that are not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST

• Patient has a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP) – ITP refers to long term low platelet counts ($<50,000/\text{mm}^3$), and there is no known cause for the low platelet counts. ☐ Yes ☐ No

• Patient has had previous treatment failure with one of the following interventions:

☐ Corticosteroids ☐ Immunoglobulins ☐ Splenectomy ☐ Other: _____

• Patient is at risk for bleed as a result of thrombocytopenia and clinical condition. ☐ Yes ☐ No

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Promacta [®] (eltrombopag olamine)	<input type="checkbox"/> 25mg <input type="checkbox"/> 50mg			

PRODUCT SUBSTITUTION PERMITTED

(Date)

DISPENSE AS WRITTEN

(Date)

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