

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Mulpleta[®] (lusutrombopag)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- The member has a diagnosis of chronic liver disease

AND

- The requesting provider is a gastroenterologist or hematologist, or has been in consultation with one

AND

- The member is scheduled for an invasive procedure

- Document invasive procedure date: _____

NOTE:

Begin Mulpleta 8-14 days prior to procedure (undergo procedure 2-8 days after the last dose)

AND

(Continued on next page)

- The member has had an unsuccessful trial of Doptelet[®]

AND

- The member has a baseline platelet count of $\leq 55,000/ \text{mm}^3$
 - Document platelet count prior to therapy initiation: _____ / mm^3

AND

- Quantity Limit: 7 tablets
Dosage: 1 tablet (3mg) by mouth daily for 7 days

Medication being provided by Specialty Pharmacy - PropriumRx

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****Use of samples to initiate therapy does not meet step edit/preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****