reliance|rx℠
45 Earhart Drive, Suite 110, Amherst, NY 14221

NPLATE AUTHORIZATION AND RE-AUTHORIZATION

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Last Name	First Name	Today's Date	Date Needed
Parent/Guardian		Prescriber	Hospital/Clinic
Home Phone Number ( )	Work Phone Number ( )	Phone Number ( )	Fax Number ( )
Home Address	City State Zip	Address	City State Zip
Ship To: ☐ Prescriber ☐ Patient's Home		Office Contact	Prescriber Speciality
Language Preference ☐ English ☐ Spanish ☐ Other			
Known Allergies:		Contact Preference ☐ Phone ☐ Fax ☐ Email: _____	
Weight _____ Lbs.	Height ____ Ft ____ In	Date of Birth ___ / ___ / ___ Sex ☐ M ☐ F	Special Instructions

INSURANCE INFORMATION

Fill out entirely or fax a copy of patient's insurance card (both sides):

Primary Insurance: _____
Name of Insured: _____
Policy #: _____
Group #: _____
Phone #: _____
Rx Drug Card #: _____

Secondary Insurance: _____
Name of Insured: _____
Policy #: _____
Group #: _____
Phone #: _____
Rx Drug Card #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____

ICD9 Code: _____

Is patient diagnosed with idiopathic thrombocytopenic purpura (ITP)? ☐ Yes ☐ No

☐ Submission of a baseline CBC and platelet count documenting platelets less than 50,000/mm3

Has patient tried and failed to tolerate or respond to a trial of immunoglobulins, corticosteroids, or splenectomy (or a documented contraindication exists) ? ☐ Yes ☐ No

Has patient tried and failed to tolerate or respond to a trial of Promacta® therapy (or a documented contraindication exists)? ☐ Yes ☐ No

☐ Patient and subscriber are registered with Nplate NEXUS program.

DRUG NAME: NPLATE

☐ New Authorization ☐ Re-authorization*

Dose: _____

Frequency: _____