



**BlueCross  
BlueShield**

Federal Employee Program

## DOPTelet

### PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn: Clinical Services  
Fax: **1-877-378-4727**

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

## Doptelet (avatrombopag)

**\*\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit**

**NOTE: Form must be completed in its entirety for processing**

Is this request for brand or generic? ☐ Brand ☐ Generic

1. What is the patient's diagnosis?

☐ Thrombocytopenia

☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Does the patient have a diagnosis of chronic immune thrombocytopenia or thrombocytopenia with chronic liver disease? ☐ Yes\* ☐ No

**\*If YES, please select the diagnosis below:**

☐ Chronic immune thrombocytopenia, ***please answer the following questions:***

a. How many tablets does the patient need every 90 days? \_\_\_\_\_ tablet(s) per 90 days

b. Has the patient been on Doptelet continuously for the last **4 months**, excluding samples? **Select answer below:**

☐ **NO** - this is **INITIATION** of therapy, please answer the following questions:

i. Has the patient had an inadequate response to a previous treatment for chronic immune thrombocytopenia? ☐ Yes ☐ No

ii. What is the patient's baseline platelet count? \_\_\_\_\_ platelets/mcL ☐ Platelet count not available

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

i. What is the patient's current platelet count? \_\_\_\_\_ platelets/mcL ☐ Platelet count not available

☐ Thrombocytopenia with chronic liver disease, ***please answer the following questions:***

a. What is the patient's baseline platelet count? \_\_\_\_\_ platelets / mcL ☐ Platelet count not available

b. Will the patient be undergoing a scheduled medical or dental procedure within the next 30 days? ☐ Yes ☐ No

c. How many tablets are being requested? \_\_\_\_\_ tablet(s)



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<b>Electronically Online (ePA)</b> <b>Results in 2-3 minutes</b> <b>FASTEST AND EASIEST</b>	Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA</b> .
<b>Phone</b> <b>(4-5 minutes for response)</b>	The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
<b>Fax</b> <b>(3-5 days for response)</b>	Fax the attached form to <b>(877)-378-4727</b> . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b>

<b>faster... easier... better...</b>	Introducing ePA! Online Prior Authorizations in minutes through <b>Caremark.com/ePA</b> . Sign up today!
	<b>CVS/caremark</b> 