Health Alliance™

Pharmacy Drug Policy & Procedure

Policy Name:	Promacta (eltrombopag)	Policy #:	1866P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Promacta (eltrombopag) for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Promacta (eltrombopag) under the Pharmacy Specialty benefit if the following criteria are met.

Criteria

1. Coverage Criteria

1.1 Diagnosis of persistent or chronic immune (idiopathic) thrombocytopenic purpura (ITP)
1.2 Prescribed by or in consultation with a hematologist (blood disorder doctor)
1.3 Age 1 year or older
1.4 Documentation of insufficient response or contraindications to previous therapies for ITP (corticosteroids, immunoglobulins, OR splenectomy)

2. Coverage Criteria for Severe Aplastic Anemia

2.1 Diagnosis of severe aplastic anemia, first-line treatment or refractory
- For first-line therapy, use in combination with immunosuppressive therapy

2.2 Prescribed by or in consultation with a hematologist (blood disorder doctor)
2.3 Age 2 years or older for first-line treatment otherwise age 18 years or older for refractory therapy

3. Coverage for Chronic Hepatitis C Infection-Associated Thrombocytopenia

3.1 Diagnosis of Chronic Hepatitis C infection-associated thrombocytopenia
3.2 Prescribed by or in consultation with a hematologist (blood disorder doctor), hepatologist (liver doctor), gastroenterologist (doctor of the digestive system), or infectious disease specialist
3.3 Age 18 years or older
3.4 Promacta is being used to allow for the initiation and maintenance of interferon-based therapy

4. Exclusion

4.1 Coverage excluded if intent is to solely normalize platelet counts
4.2 Coverage excluded if member on regimen containing direct-acting antiviral agent

5. Approval Period

5.1 Initial: 12 months
5.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

HCPCS Codes

References

1. Promacta (eltrombopag) [prescribing information]. Novartis Pharmaceuticals Corporation, East Hanover, NJ; March 2023.
2. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune

thrombocytopenia. Blood Adv. 2019 Dec 10;3(23):3829-3866.
3. Desmond R, Townsley DM, Dunbar C, Young NS. Eltrombopag in aplastic anemia. Semin Hematol 2015; 52:31.
4. McHutchison JG, Dusheiko G, Shiffman ML, et al. Eltrombopag for thrombocytopenia in patients with cirrhosis associated with hepatitis C. N Engl J Med 2007; 357:2227.

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DISCLAIMER
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