PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Promacta (eltrombopag)

8. Dosage allowed/Quantity limit: Initiate at 50 mg once daily for most adult and pediatric patients 6 years and older, and at 25 mg once daily for pediatric patients aged 1 to 5 years. Adjust to maintain platelet count greater than or equal to 50 x 10^9 /L. Max dose 75 mg per day.
   QL: 30 tablets per 30 days or 30 packets per 30 days (oral suspension kit).

Note: Discontinue if the platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks at the maximum dose.

If all the above requirements are met , the medication will be approved

4. Member has a documented diagnosis of severe aplastic anemia defined as a marrow cellularity < 25% (or 25 ±50% with <30% residual haematopoietic cells) plus at least 2 of the following:
   a) Neutrophils or ANC < 0.5 x 10^9/L (500/mm^3)
   b) Platelets < 20 x 10^9/L (20,000/mm^3)
   c) Reticulocyte count < 20 x 10^9/L (20,000/mm^3); AND
5. Member meets one of the following:
   a) 1st line therapy: Will be using Promacta in combination with immunosuppressive therapy, i.e., anti-thymocyte globulin (ATG) and cyclosporine
   b) Refractory disease: Member had an insufficient response to immunosuppressive therapy.
6. Dosage allowed/Quantity limit:
   Severe aplastic anemia first-line: Initial doses:

   Refractory severe aplastic anemia: Initiate at a dose of 50 mg by mouth once daily, then adjust in 50 mg increment every 2 weeks as necessary W R D F K L H Y H W D U J H W S O D W H O H W I
   150 mg daily.
   QL: 60 tablets per 30 days or 30 packets per 30 days (oral suspension kit).

If all the above requirements are met, the medication will be approved for 6 months if using as first-line treatment; for 4 months for refractory patients.

For reauthorization:
1. If continuing therapy for refractory disease, chart notes must show improvement from baseline with at least one of the following:
   a) Platelet response (increased platelet count)
   b) Neutrophil response (increased ANC)
   c) Erythroid response (increased hemoglobin)
   d) Transfusion independence; AND
2. 0 H P E H U ¶ V S O D W H O H W 200 x 10^9/L or the dose is being reduced.

If all the above requirements are met, the medication will be approved for an additional 6 months if the member has severe refractory aplastic anemia. Do not reauthorize if member was using as part of first-line therapy regimen.

CareSource considers Promacta (eltrombopag) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/02/2018	New policy for Promacta created. Baseline liver enzymes levels requirement was removed. Four months of immunosuppressive therapy requirement for Severe Aplastic Anemia was removed. Platelets requirement threshold expanded
03/07/2019	Documented clinical reason required if request is for suspension for adult member.
02/13/2023	Transferred to new template. Updated and added references. Added quantity limits. ITP & R U U H F W H G chronic immune (idiopathic) thrombocytopenic purpura (ITP ´ W R ³persistent or chronic ITP for at least 3 months Modt BMC 145 g 0 7F3 11.2 Tf f* 14