

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Eltrombopag choline (Alvaiz)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Formulary **eltrombopag choline (Alvaiz)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of persistent or chronic immune thrombocytopenia (ITP)
 - Patient is at least 6 years of age
 - Documented insufficient response to corticosteroids, immunoglobulins, or splenectomy
 - Dose is 54 mg daily or less

-OR-

- Diagnosis of chronic hepatitis C-associated thrombocytopenia
 - Patient is at least 18 years of age
 - Unable to receive interferon-based therapy due to thrombocytopenia
 - Dose is 72 mg daily or less

-OR-

- Diagnosis of severe aplastic anemia
 - Patient is at least 18 years of age
 - Documented to have had insufficient response to immunosuppressive therapy
 - Dose is 108 mg daily or less

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:* Formulary **eltrombopag choline (Alvaiz)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of persistent or chronic immune thrombocytopenia (ITP)
 - Patient is at least 6 years of age
 - Dose is 54 mg daily or less

-OR-

- Diagnosis of chronic hepatitis C-associated thrombocytopenia
 - Patient is at least 18 years of age
 - Dose is 72 mg daily or less

-OR-

- Diagnosis of severe aplastic anemia
 - Patient is at least 18 years of age
 - Dose is 108 mg daily or less

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