Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Eltrombopag olamine (Promacta)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **eltrombopag olamine (Promacta)** 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 1 year of age
 - Documented insufficient response to corticosteroids, immunoglobulins, or splenectomy
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz) -ORpatient is less than 6 years of age
 - Dose is 75 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
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz)
 - Dose is 100 mg daily or less

-OR-

- Diagnosis of severe aplastic anemia, non-refractory (first-line treatment)
 - Patient is at least 2 years of age

-OR-

- Diagnosis of severe aplastic anemia, refractory
 - Patient is at least 18 years of age
 - Documented insufficient response to immunosuppressive therapy
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz)
 - Dose is 150 mg daily or less

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary eltrombopag olamine (Promacta) will be covered on the prescription drug benefit when the following criteria are met:

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Revised: 02/08/24 Effective: 03/01/24 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Eltrombopag olamine (Promacta)

- Diagnosis of persistent or chronic immune thrombocytopenia (ITP)
 - Patient is at least 1 year of age
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz) -ORpatient is less than 6 years of age
 - Dose is 75 mg daily or less

-OR-

- Diagnosis of chronic hepatitis C-associated thrombocytopenia
 - Patient is at least 18 years of age
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz)
 - Dose is 100 mg daily or less

-OR-

- Diagnosis of severe aplastic anemia, non-refractory (used as first-line treatment)
 - Patient is at least 2 years of age

-OR-

- Diagnosis of severe aplastic anemia, refractory
 - Patient is at least 18 years of age
 - Patient has an allergy or intolerance* to eltrombopag choline (Alvaiz)
 - Dose is 150 mg daily or less

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