

Policy Name:	Promacta (eltrombopag)	Policy #:	1866P
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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 and Health Alliance Northwest 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 12 months

CPT Codes

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HCPCS Codes

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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

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ SummaryPlan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.