Reference number(s)
1928-A

SPECIALTY GUIDELINE MANAGEMENT

PROMACTA (eltrombopag)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Treatment of thrombocytopenia in adult and pediatric patients 1 year and older with chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy
2. Treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy
3. First-line treatment of severe aplastic anemia in adult and pediatric patients 2 years and older in combination with standard immunosuppressive therapy
4. Treatment of patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy

B. Compendial Uses
1. MYH9-related disease with thrombocytopenia
2. Myelodysplastic syndromes, for lower risk disease in patients with severe or refractory thrombocytopenia following disease progression or no response to hypomethylating agents or immunosuppressive therapy
3. Severe thrombocytopenia post cancer chemotherapy

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:
A. Chronic primary immune thrombocytopenia: pretreatment and current platelet counts
B. Aplastic anemia continuation of therapy: current platelet counts
C. Severe thrombocytopenia post cancer chemotherapy: pretreatment and current platelet counts

III. EXCLUSIONS

Coverage will not be provided for members with the following exclusion: concomitant use of Promacta with other thrombopoietin receptor agonists (e.g., Nplate, Doptelet, Mulpleta) or with spleen tyrosine kinase inhibitors (e.g., Tavalisse)

IV. CRITERIA FOR INITIAL APPROVAL

A. Chronic immune thrombocytopenia (ITP)
Authorization of 6 months may be granted for treatment of chronic ITP when both of the following criteria are met:
1. Inadequate response or intolerance to prior therapy with corticosteroids, immunoglobulins, or splenectomy
2. Untransfused platelet count at any point prior to the initiation of the requested medication is less than $30x10^9$/L OR $30x10^9$/L to $50x10^9$/L with symptomatic bleeding (e.g., significant mucous membrane bleeding, gastrointestinal bleeding or trauma) or risk factors for bleeding (see Section VI).

B. Thrombocytopenia associated with chronic hepatitis C
Authorization of 6 months may be granted to members who are prescribed Promacta for the initiation and maintenance of interferon-based therapy for the treatment of thrombocytopenia associated with chronic hepatitis C.

C. Aplastic anemia
1. Authorization of 6 months may be granted for first-line treatment of severe aplastic anemia when Promacta will be used in combination with standard immunosuppressive therapy (e.g., horse antithymocyte globulin (h-ATG) and cyclosporine).
2. Authorization of 6 months may be granted for treatment of aplastic anemia which has been previously treated with immunosuppressive therapy.

D. MYH9-related disease with thrombocytopenia
Authorization of 12 months may be granted to members with thrombocytopenia associated with MYH9-related disease.

E. Myelodysplastic Syndromes
Authorization of 12 months may be granted for treatment of myelodysplastic syndromes when both of the following criteria are met:
1. Member has lower risk disease defined as Revised International Prognostic Scoring System (IPSS-R) (Very Low, Low, Intermediate), International Prognostic Scoring System (IPSS) (Low/Intermediate-1), WHO classification-based Prognostic Scoring System (WPSS) (Very Low, Low, Intermediate).
2. Member has severe or refractory thrombocytopenia following disease progression or no response to hypomethylating agents (such as azacitidine and decitabine) or immunosuppressive therapy.

F. Severe thrombocytopenia post cancer chemotherapy
Authorization of 6 months may be granted for treatment of severe thrombocytopenia post cancer chemotherapy when the platelet count is less than $50x10^9$/L.

V. CONTINUATION OF THERAPY

A. Chronic ITP
1. Authorization of 3 months may be granted to members with current platelet count less than $50x10^9$/L for whom the platelet count is not sufficient to prevent clinically important bleeding and who have not received a maximal Promacta dose for at least 4 weeks.
2. Authorization of 12 months may be granted to members with current platelet count less than $50x10^9$/L for whom the current platelet count is sufficient to prevent clinically important bleeding.
3. Authorization of 12 months may be granted to members with current platelet count of $50x10^9$/L to $200x10^9$/L.

4. Authorization of 12 months may be granted to members with current platelet count greater than 200x10^9/L to less than or equal to 400x10^9/L for whom Promacta dosing will be adjusted to achieve a platelet count sufficient to avoid clinically important bleeding.

B. Thrombocytopenia associated with chronic hepatitis C

Authorization of 6 months may be granted to members who are continuing to receive interferon-based therapy.

C. Aplastic anemia

1. Authorization of up to 16 weeks total may be granted to members with current platelet count less than 50x10^9/L who have not received appropriately titrated therapy with Promacta for at least 16 weeks.
2. Authorization of up to 16 weeks total may be granted to members with current platelet count less than 50x10^9/L who are transfusion-independent.
3. Authorization of 12 months may be granted to members with current platelet count of 50x10^9/L to 200x10^9/L.
4. Authorization of 12 months may be granted to members with current platelet count greater than 200 x10^9/L to less than or equal to 400x10^9/L for whom Promacta dosing will be adjusted to achieve and maintain an appropriate target platelet count.

D. MYH9-related disease with thrombocytopenia

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

E. Myelodysplastic Syndromes

Authorization of 12 months may be granted for continued treatment of myelodysplastic syndromes in members who experience benefit from therapy (e.g., increased platelet counts, decreased bleeding events, reduced need for platelet transfusions).

F. Severe thrombocytopenia post cancer chemotherapy

Authorization of 6 months may be granted for continued treatment of severe thrombocytopenia post cancer chemotherapy in members who experience benefit from therapy (e.g., increased platelet counts, decreased bleeding events, reduced need for platelet transfusions) and the platelet count remains less than 100x10^9/L.

VI. APPENDIX

Examples of risk factors for bleeding (not all inclusive)

- Undergoing a medical or dental procedure where blood loss is anticipated
- Comorbidity (e.g., peptic ulcer disease, hypertension)
- Mandated anticoagulation therapy
- Profession (e.g., construction worker) or lifestyle (e.g., plays contact sports) that predisposes patient to trauma

VII. REFERENCES

1. Promacta [package insert]. Research Triangle Park, NC: GlaxoSmithKline; April 2020.
2. Pecci A, Gresele P, Klersy C, et al. Eltrombopag for the treatment of the inherited thrombocytopenia deriving from MYH9 mutations. *Blood.* 2010;116(26):5832-7.
3. The NCCN Drugs & Biologics Compendium® © 2020 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed May 29, 2020.

4. The NCCN Clinical Practice Guidelines in Oncology® Myelodysplastic Syndrome (Version 2.2020). © 2020 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed May 29, 2020.
5. Nuenert C, Terrel DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv* 2019;3(23):3829–3866.
6. Provan D, Arnold DM, Bussel JB, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. *Blood Adv* 2019;3(22): 3780–3817.
7. Provan D, Stasi R, Newland AC, et al. International consensus report on the investigation and management of primary immune thrombocytopenia. *Blood.* 2010;115(2):168-186.
8. Rodeghiero F, Stasi R, Gernsheimer T, et al. Standardization of terminology, definitions and outcome criteria in immune thrombocytopenic purpura of adults and children: report from an international working group. *Blood*. 2009;113(11):2386-2393.
9. Olnes MJ, Scheinberg P, Calvo KR, et al. Eltrombopag and improved hematopoiesis in refractory aplastic anemia. *N Engl J Med*. 2012;367(1):11-19.
10. Townsley DM, Scheinberg P, Winkler T, et al. Eltrombopag added to standard immunosuppression for aplastic anemia. *N Engl J Med* 2017;376:1540-1550.
11. NCCN hematopoietic growth factors. Short-term recommendations specific to issues with COVID-19 (SARS-CoV-2). National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org/covid-19/pdf/HGF_COVID-19.pdf. Accessed June 15, 2020.