PRIOR AUTHORIZATION POLICY

POLICY: Thrombocytopenia – Eltrombopag Products Prior Authorization Policy
- Alvaiz™ (eltrombopag choline tablets – Teva)
- Promacta® (eltrombopag olamine tablets and oral suspension – Novartis, generic)

REVIEW DATE: 04/22/2026

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Eltrombopag (Promacta), a thrombopoietin receptor agonist, is indicated for the following uses:[1]

- **Aplastic anemia**, severe, in combination with standard immunosuppressive therapy for the first-line treatment of adults and pediatric patients ≥ 2 years of age as well as for treatment in patients who have had an insufficient response to immunosuppressive therapy.
- **Chronic hepatitis C, treatment of thrombocytopenia**, to allow the initiation and maintenance of interferon-based therapy.
- **Immune thrombocytopenia (ITP), treatment, in adults and pediatric patients ≥ 1 year of age** with persistent or chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Of

note, Promacta should only be used in patients whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.

Alvaiz, a thrombopoietin receptor agonist, is indicated for the following uses:[2]

- **Aplastic anemia**, severe, in adults who have had an insufficient response to immunosuppressive therapy.
- **Chronic hepatitis C, treatment of thrombocytopenia**, in adults to allow the initiation and maintenance of interferon-based therapy.
- **ITP, treatment, in adults and pediatric patients ≥ 6 years of age** with persistent or chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Of note, Alvaiz should only be used in patients whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.

For patients with refractory severe aplastic anemia, if no hematologic response has occurred after 16 weeks of treatment with eltrombopag, discontinue therapy. For ITP, eltrombopag should be discontinued if the platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks of therapy with eltrombopag at the maximum daily dose. Use eltrombopag only in patients with chronic hepatitis C whose degree of thrombocytopenia prevents the initiation of interferon-based therapy or limits the ability to maintain interferon-based therapy.[1] The safety and efficacy of eltrombopag have not been established in combination with direct-acting antiviral agents used without interferon for the treatment of chronic hepatitis C infection. For the management of chronic hepatitis C, eltrombopag should be stopped upon discontinuation of antiviral treatment futility.

Guidelines

Eltrombopag is addressed in several guidelines.

- **Aplastic Anemia:** The American Society of Hematology (ASH) guidelines for the diagnosis and management of severe acquired aplastic anemia (2026) have several recommendations.[3] For adults and children with severe or very severe aplastic anemia undergoing immunosuppressive therapy, the ASH guideline panel suggests the addition of eltrombopag to anti-thymocyte globulin and cyclosporine based on low certainty evidence of effects (conditional recommendation).
- **Hematologic Toxicity in a Patient Receiving Immune Effector Cell Therapies:** Recommendations from the National Comprehensive Cancer Network (NCCN) for Hematopoietic Growth Factors (3.2026 – December 5, 2025) state to consider eltrombopag if the patient has one or more risk factors and/or cytopenias beyond 21 days post-infusion for suspected immune effector cell-associated hematologic toxicity in patients receiving immune effector cell therapies (e.g., chimeric antigen receptor T-cell therapies).[9] Data are available supporting this use of eltrombopag.[9,19]
- **ITP:** In 2019, ASH updated guidelines for ITP.[4] There are several recommendations. For adults with ITP for at least 3 months who are corticosteroid-dependent or unresponsive to corticosteroid, a thrombopoietin receptor agonist (eltrombopag or Nplate® [romiplostim subcutaneous injection]) or a splenectomy are recommended. In children with newly

diagnosed ITP who have non-life-threatening mucosal bleeding, corticosteroids are recommended. For children who have non-life-threatening mucosal bleeding and did not respond to first-line treatment, thrombopoietin receptor agonists are recommended. Other treatment options in children and adults include intravenous immunoglobulin, anti-D immunoglobulin, and rituximab.

- **Myelodysplastic Syndrome (MDS):** Recommendations from the NCCN for MDS (version 3.2026 – January 12, 2026) state that treatment with a thrombopoietin receptor agonist should be considered in patients with lower-risk MDS (in most cases those with very low, low, or intermediate risk) who have significant, severe, life-threatening, or refractory thrombocytopenia.[5] The data with eltrombopag are discussed noting an increased rate of platelet response and decreased overall bleeding events in patients with very low, low, or intermediate-risk MDS. Other data are also available that describe the use of eltrombopag in patients with MDS.[6-8]
- **Thrombocytopenia in a Patient Post-Allogeneic Transplantation:** Recommendations from the NCCN for Hematopoietic Growth Factors (version 3.2026 – December 5, 2025) state to consider eltrombopag for the treatment of prolonged thrombocytopenia in patients post-allogeneic transplant and poor graft function (category 2A).[9] Other data are also available that describe the use of eltrombopag in this clinical scenario.[10-17]
- **Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy:** NCCN guidelines for the management of immunotherapy-related toxicities (version 1.2026 – October 23, 2025) recommend eltrombopag as one of the agents to consider if the patient has a platelet count ≤ 50,000/mm^3 and has not had a response to systemic corticosteroids after 1 week to 2 weeks.[18]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of eltrombopag products. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with eltrombopag products as well as the monitoring required for adverse events and long-term efficacy, approval may require eltrombopag products to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Alvaiz™ (eltrombopag choline tablets – Teva)**
- **Promacta® (eltrombopag olamine tablets and oral suspension - Novartis, generic)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Aplastic Anemia.** Approve if the patient meets ONE of the following (A or B):
   A) Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient has low platelet counts at baseline (pretreatment); AND
Note: An example of a low platelet count is < 30 x 10^9/L (< 30,000/mcL).
ii. Patient meets ONE of the following (a or b):
a) Patient had tried at least one immunosuppressant therapy; OR
Note: Examples of therapies are cyclosporine, Atgam (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution for intravenous use only), mycophenolate mofetil, or sirolimus.
b) Patient will be using eltrombopag in combination with standard immunosuppressive therapy; AND
Note: Examples of therapies are cyclosporine, Atgam (lymphocyte immune globulin, anti-thymocyte globulin [equine] sterile solution for intravenous use only), mycophenolate mofetil, or sirolimus.
iii. The medication is prescribed by or in consultation with a hematologist; OR

B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if, according to the prescriber, the patient demonstrates a beneficial clinical response.
Note: Examples include increases in platelet counts, reduction in red blood cell transfusions, hemoglobin increase, and/or absolute neutrophil count increase.

2. Immune Thrombocytopenia. Approve if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, and iii):
i. Patient meets ONE of the following (a or b):
a) Patient has a platelet count < 30 x 10^9/L (< 30,000/mcL); OR
b) Patient meets BOTH of the following [(1) and (2)]:
(1) Patient has a platelet count < 50 x 10^9/L (< 50,000/mcL); AND
(2) According to the prescriber, the patient is at an increased risk for bleeding; AND
ii. Patient meets ONE of the following (a or b):
a) Patient has tried at least one other therapy; OR
Note: Examples of therapies are systemic corticosteroids, intravenous immunoglobulin, anti-D immunoglobulin, Nplate (romiplostim subcutaneous injection), Tavalisse (fostamatinib tablets), Doptelet (avatrombopag tablets), Doptelet Sprinkle (avatrombopag oral granules), Wayrilz (rilzabrutinib tablets), and rituximab.
b) Patient has undergone splenectomy; AND
iii. The medication is prescribed by or in consultation with a hematologist; OR

B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if the patient meets BOTH of the following (i and ii):
i. According to the prescriber, the patient demonstrates a beneficial clinical response; AND
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes.
ii. Patient remains at risk for bleeding complications.

3. **Thrombocytopenia in a Patient with Chronic Hepatitis C.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   A) Patient has low platelet counts at baseline (pretreatment); AND
   Note: An example of a low platelet count is < 75 x 10^9/L (< 75,000/mcL).
   B) Patient will be receiving interferon-based therapy for chronic hepatitis C; AND
   Note: Examples of therapies are pegylated interferon (Pegasys [peginterferon alfa-2a injection], PegIntron [peginterferon alfa-2b injection]), and Intron A (interferon alfa-2b).
   C) The medication is prescribed by or in consultation with a gastroenterologist, a hepatologist, or a physician who specializes in infectious diseases.

Other Uses with Supportive Evidence

4. **Hematologic Toxicity in a Patient Receiving Immune Effector Cell Therapies.** Approve for 6 months if the patient meets ONE of the following (A or B):
   Note: Examples of immune effector cell therapies are chimeric antigen receptor T-cell (CAR-T) therapies such as Kymriah (tisagenlecleucel intravenous infusion), Yescarta (axicabtagene ciloleucel intravenous infusion), Tecartus (brexucabtagene autoleucel intravenous infusion), Breyanzi (lisocabtagene maraleucel intravenous infusion), Abecma (idecabtagene vicleucel intravenous infusion), and Carvykti (ciltacabtagene autoleucel intravenous infusion).
   A) Initial Therapy. Approve if the patient meets BOTH of the following (i and ii):
      i. Patient meets ONE of the following (a or b):
         a) According to the prescriber, the patient has one or more risks factors for immune effector-cell associated hematotoxicity; OR
         Note: Examples include bone marrow involvement by tumor, high tumor burden, pre-existing cytopenias, pre-existing inflammatory state, active infection, prior hematopoietic cell transplant, receipt of bridging therapy, or CAR-HEMATOTOX score ≥ 2.
         b) According to the prescriber, the patient has cytopenia post infusion; AND
      ii. The medication is prescribed by or in consultation with a hematologist or oncologist; OR
   B) Patient is Currently Receiving Eltrombopag. Approve if according to the prescriber, the patient demonstrated a beneficial clinical response.
   Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

5. **Thrombocytopenia in a Patient with Myelodysplastic Syndrome.** Approve if the patient meets ONE of the following (A or B):
   A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, and, iii):
      i. Patient has very low, low, or intermediate-risk myelodysplastic syndrome; AND
      ii. Patient meets ONE of the following (a or b):
         a) Patient has a platelet count < 30 x 10^9/L (< 30,000/mcL); OR

b) Patient meets BOTH of the following [(1) and (2)]:
(1) Patient has a platelet count < 50 x 10^9/L (< 50,000/mcL); AND
(2) According to the prescriber, the patient is at an increased risk for bleeding; AND

iii. The medication is prescribed by or in consultation with a hematologist or oncologist; OR

B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. According to the prescriber, the patient demonstrates a beneficial clinical response; AND
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

ii. Patient remains at risk for bleeding complications.

6. Thrombocytopenia in a Patient Post-Allogeneic Transplantation. Approve if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL the following (i, ii, and, iii):

i. According to the prescriber, the patient has poor graft function; AND

ii. Patient has a platelet count < 50 x 10^9/L (< 50,000/mcL); AND

iii. The medication is prescribed by or in consultation with a hematologist, an oncologist, or a stem cell transplant specialist physician; OR

B) Patient is Currently Receiving Eltrombopag. Approve for 6 months if according to the prescriber, the patient demonstrated a beneficial clinical response.
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

7. Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy. Approve for 6 months if the patient meets ONE of the following (A or B):
Note: Examples of checkpoint inhibitors are Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Yervoy (ipilimumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), and Libtayo (cemiplimab-rwlc intravenous infusion).

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, and, iii):

i. Patient has tried at least one systemic corticosteroid; AND
Note: Examples of a corticosteroid include methylprednisolone and prednisone.

ii. Patient has a platelet count < 50 x 10^9/L (< 50,000/mcL); AND

iii. The medication is prescribed by or in consultation with a hematologist or an oncologist; OR

B) Patient is Currently Receiving Eltrombopag. Approve if according to the prescriber, the patient demonstrated a beneficial clinical response.

Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

CONDITIONS NOT COVERED

- **Alvaiz™ (eltrombopag choline tablets – Teva)**
- **Promacta® (eltrombopag olamine tablets and oral suspension - Novartis, generic)**

is(are) considered not medically necessary for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Thrombocytopenia in a Patient Post-Allogeneic Transplantation:** This condition and criteria for approval were added to the policy for Promacta and Alvaiz.	04/24/2024
Annual Revision	**Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy:** This condition and criteria for approval were added to the policy for Promacta and Alvaiz.	04/23/2025
Selected Revision	**Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy:** For Initial Therapy, the criteria that the patient has not had a response to at least one systemic corticosteroid was changed to the patient has tried at least one systemic corticosteroid.	05/07/2025
Selected Revision	It was noted in the policy that Promacta (both tablets and oral suspension) are available as generics. Also, the following change was made: **Thrombocytopenia in a Patient Post-Allogeneic Transplantation:** For Alvaiz, for initial approval, the duration of therapy was changed from 6 months to 3 months.	05/21/2025
Annual Revision	**Immune Thrombocytopenia:** For Promacta, the examples of Doptelet Sprinkle (avatrombopag oral granules) and Wayrilz (rilzabrutinib tablets) were added as medications used for this condition. For Alvaiz, Wayrilz (rilzabrutinib tablets) was added as a medication used for this condition. **Hematologic Toxicity in a Patient Receiving Immune Effector Cell Therapies:** This was added as a new condition of approval for Promacta and Alvaiz. **Thrombocytopenia in a Patient with Myelodysplastic Syndrome:** For Promacta and Alvaiz, the criterion that referred to risk was changed from low- to intermediate-risk to very low, low, or intermediate-risk.	04/22/2026