# Drug Coverage Policy

**Effective Date.....1/1/2026**
**Coverage Policy Number.....IP0153**
**Policy Title.....Eltrombopag Products**

# Thrombocytopenia – Eltrombopag Products

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

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***INSTRUCTIONS FOR USE***

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

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**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 year 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:** Guidelines for the diagnosis and management of adults with aplastic anemia are available from the British Society for Standards in Hematology (2024).[3] Standard treatment for newly diagnosed acquired aplastic anemia is anti-thymocyte globulin (ATG)-based immunosuppressive therapy with eltrombopag or allogeneic hematopoietic stem cell transplantation (HSCT) from a matched sibling donor. The current standard first-line immunosuppressive therapy is horse ATG combined with cyclosporine, but horse ATG-ATAGAM with cyclosporine and eltrombopag should be recommended. Eltrombopag is an option is some clinical scenarios (e.g., heavily pre-treated patients, those unsuitable for HSCT).[3] Evidence based recommendations for the treatment of relapse/refractory severe aplastic anemia, eltrombopag is recommended as an added therapy to immunosuppression in a variety of clinical scenarios.[19]
- **Immune Thrombocytopenia (ITP):** In 2019, the American Society of Hematology 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 National Comprehensive Cancer Network (NCCN) for MDS (version 2.2025 – January 17, 2025) state that treatment with a thrombopoietin receptor agonist should be considered in patients with lower-risk MDS 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 low- to 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 1.2025 – October 11, 2024) 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 1.2025 – December 20, 2024) 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 to 2 weeks.[18]

## Coverage Policy

**POLICY STATEMENT**
Prior Authorization is required for 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.

**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information.

**I. Eltrombopag (Promacta) is considered medically necessary when ONE of the following is met (1, 2, 3, 4, 5, or 6):**

**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, iii, and iv):
     - **i.** Patient has low platelet counts at baseline (pretreatment) **[documentation required]**; 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 **[documentation required]**; 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; AND

**iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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, iii, and iv):

**i.** Patient meets ONE of the following (a or b):

**a)** Patient has a platelet count < 30 x $10^9$/L (< 30,000/mcL) **[documentation required]**; 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) **[documentation required]**;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 **[documentation required]**; OR
Note: Examples of therapies are systemic corticosteroids, intravenous immunoglobulin, anti-D immunoglobulin, Nplate (romiplostim subcutaneous injection), Tavalisse (fostamatinib tablets), Doptelet (avatrombopag tablets), and rituximab.

**b)** Patient has undergone splenectomy **[documentation required]**; AND

**iii.** The medication is prescribed by or in consultation with a hematologist; AND

**iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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, C, and D):

**A)** Patient has low platelet counts at baseline (pretreatment) **[documentation required]**; 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]), or 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 disease; AND
**D)** Preferred product criteria is met for the product(s) as listed in the below table(s)

**Other Uses with Supportive Evidence**

4. **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, iii, and iv):
      **i.** Patient has low- to 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) **[documentation required]**;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) **[documentation required]**;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 an oncologist; AND
      **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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.

5. **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, iii, and iv):
      **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) **[documentation required]**; AND
      **iii.** The medication is prescribed by or in consultation with a hematologist, an oncologist, or a stem cell transplant specialist physician; AND
      **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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.

6. **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 the following (i, ii, iii, and iv):
- **i.** Patient has tried at least one systemic corticosteroid **[documentation required]**; AND
  Note: Examples of a corticosteroid include methylprednisolone and prednisone.
- **ii.** Patient has a platelet count < 50 x $10^9$/L (< 50,000/mcL) **[documentation required]**; AND
- **iii.** The medication is prescribed by or in consultation with a hematologist or an oncologist; AND
- **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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.

**II. Alvaiz is considered medically necessary when ONE of the following is met (1, 2, 3, 4, 5, or 6):**

**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, iii, iv, and v):
   - **i.** Patient is ≥ 18 years of age; AND
   - **ii.** Patient has low platelet counts at baseline (pretreatment) **[documentation required]**; AND
     Note: An example of a low platelet count is < 30 x $10^9$/L (< 30,000/mcL).
   - **iii.** Patient meets ONE of the following (a or b):
     - **a)** Patient had tried at least one immunosuppressant therapy **[documentation required]**; 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.
   - **iv.** The medication is prescribed by or in consultation with a hematologist; AND
   - **v.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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, iii, iv, and v):
   - **i.** Patient is ≥ 6 years of age; 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) **[documentation required]**; 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) **[documentation required]**; AND
  - **2)** According to the prescriber the patient is at an increased risk for bleeding; AND

**iii.** Patient meets ONE of the following (a or b):
- **a)** Patient has tried at least one other therapy **[documentation required]** ; OR
  Note: Examples of therapies are systemic corticosteroids, intravenous immunoglobulin, anti-D immunoglobulin, Nplate (romiplostim subcutaneous injection), Tavalisse (fostamatinib tablets), Doptelet (avatrombopag tablets), or rituximab.
- **b)** Patient has undergone splenectomy **[documentation required]**; AND

**iv.** The medication is prescribed by or in consultation with a hematologist; AND

**v.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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, C, D, and E):

**A)** Patient is ≥ 18 years of age; AND

**B)** Patient has low platelet counts at baseline (pretreatment) **[documentation required]**; AND
Note: An example of a low platelet count is < 75 x $10^9$/L (< 75,000/mcL).

**C)** 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]), or Intron A (interferon alfa-2b).

**D)** The medication is prescribed by or in consultation with a gastroenterologist, a hepatologist, or a physician who specializes in infectious disease; AND

**E)** Preferred product criteria is met for the product(s) as listed in the below table(s)

**Other Uses with Supportive Evidence**

**4. 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, iii, and iv):

**i.** Patient has low- to 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) **[documentation required]**; 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) **[documentation required]**; 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 an oncologist; AND

**iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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.

**5. 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, iii, and iv):

**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) **[documentation required]**; AND

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

**iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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.

**6. 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 the following (i, ii, iii and, iv):

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

**ii.** Patient has a platelet count < 50 x $10^9$/L (< 50,000/mcL) **[documentation required]**; AND

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

**iv.** Preferred product criteria is met for the product(s) as listed in the below table(s) 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.

**Employer Plans:**

| Product | Criteria |
|---|---|
| **Alvaiz** (eltrombopag choline) tablets | Patient meets ONE of the following (1 or 2):<br>**1.** Patient has tried eltrombopag olamine (tablets/oral suspension, generic Promacta); OR<br>**2.** Patient is currently receiving Alvaiz |
| **Promacta** (eltrombopag olamine) oral suspension | The patient has tried **eltrombopag olamine oral suspension** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. |
| **Promacta** (eltrombopag olamine) tablets | The patient has tried **eltrombopag olamine oral tablet** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. |

**Individual and Family Plans:**

| Product | Criteria |
|---|---|
| **Alvaiz** (eltrombopag choline) tablets | Patient meets **ONE** of the following (1 or 2):<br>**1.** Patient has tried eltrombopag olamine (tablets/oral suspension, generic Promacta); OR<br>**2.** Patient is currently receiving Alvaiz |
| **Promacta** (eltrombopag olamine) suspension | The patient has tried **eltrombopag olamine oral suspension** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. |
| **Promacta** (eltrombopag olamine) tablets | The patient has tried **eltrombopag olamine oral tablet** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. |

**Conditions Not Covered**

**Eltrombopag products for any other use is considered not medically necessary. Criteria will be updated as new published data are available**.

## References


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## Revision Details

| Type of Revision | Summary of Changes | Date |
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| Selected Revision | Alvaiz (eltrombopag choline tablets) added to the policy.<br><br>**Promacta (Aplastic Anemia)**<br>**Added** examples of a beneficial response to the Patient is Currently Receiving Eltrombopag approach.<br><br>**Promacta (Immune Thrombocytopenia)**<br>**Removed** the age restriction.<br>**Removed** contraindication or intolerance to ALL therapies.<br>**Added** examples of a beneficial response to the Patient is Currently Receiving Eltrombopag approach.<br><br>**Promacta (Thrombocytopenia in a Patient with Myelodysplastic Syndrome)**<br>**Added** examples of a beneficial response to the Patient is Currently Receiving Eltrombopag approach.<br><br>**Added** Promacta coverage for Thrombocytopenia in a Patient Post-Allogeneic Transplantation. | 07/15/2024 |
| 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.<br><br>It was noted in the policy that Promacta (both tablets and oral suspension) are available as generics.<br><br>Also, the following change was made:<br>**Thrombocytopenia in a Patient Post-Allogeneic Transplantation:** For Alvaiz, for initial approval, the duration of therapy was changed from 6 months to 3 months. | 08/01/2025 |
| Selected Revision | **Added** documentation throughout the policy.<br>**Preferred Product Table**<br>**Added** preferred product requirements for Promacta tablets and oral suspension for Employer Plans.<br>**Updated** the Employer Plans and Individual and Family Plans preferred product requirements for Alvaiz. | 09/01/2025 |
| Selected Revision | **Updated** the Employer Plans and Individual and Family Plans preferred product requirements for Alvaiz. | 09/15/2025 |
| Selected Revision | **Updated** policy template.<br><br>**Removed** documentation requirements for patients currently receiving eltrombopag. | 11/1/2025 |

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| Selected Revision | **Individual and Family Plans Preferred Product Table:**<br>**Added** Promacta tablets and oral suspension. | 1/1/2026 |

The policy effective date is in force until updated or retired.