

Applicable Drugs: Promacta (eltrombopag)

Preferred: eltrombopag (generic)

Non-preferred: Promacta (brand)

Date of Origin: 7/14/2014

Date Last Reviewed / Revised: 2/26/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when ONE of criteria I through III are met)

- I. Documentation of one of the following FDA-approved diagnoses A through C AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

- A. Documented diagnosis of thrombocytopenia in patients with persistent or chronic immune (idiopathic) thrombocytopenia purpura (ITP):
 1. Documentation of ITP duration > 3 months.
 2. Documentation that patient is at risk of spontaneous bleeding as demonstrated by one of the following 1 or 2:
 - a) Documented platelet count of less than 20,000/mm³.
 - b) Documented platelet count of less than 30,000/mm³ accompanied by symptoms of bleeding.
 3. Documentation of one of the following a, b, or c:
 - a) Failure or intolerance to systemic corticosteroids.
 - b) Failure or intolerance to immunoglobulin therapy.
 - c) Insufficient response to a splenectomy.
 4. Minimum Age Requirement: 1 year old.
 5. Treatment must be prescribed by or in consultation with a hematologist.
- B. Documented diagnosis of thrombocytopenia associated with chronic hepatitis C infection:
 1. Patient is unable to initiate or maintain interferon-based therapy due to thrombocytopenia.
 2. Documented platelet count of less than 75,000/mm³.
 3. Minimum age requirement: 18 years old.
 4. Treatment must be prescribed by or in consultation with a gastroenterologist, infectious disease specialist, or hepatologist.
- C. Aplastic Anemia and meets one of the following (1 OR 2):

1. Documented diagnosis of severe aplastic anemia
 - a) Used for first-line treatment in combination with immunosuppressive agents (eg. Atgam [antithymocyte globulin equine], cyclosporine, etc.)
 - b) Meets at least TWO of the following (1, 2, 3):
 - (1) Absolute neutrophil count of less than 500/mm³
 - (2) Platelet count of less than 20,000/mm³
 - (3) Absolute reticulocyte count of less than 60,000/mm³
 - c) Minimum age requirement: 2 years old
2. Documented diagnosis of refractory severe aplastic anemia
 - a) Platelet count of less than 30,000/mm³ despite treatment with at least one immunosuppressive therapy.
 - b) Minimum age requirement: 18 years old
3. Treatment is prescribed by or in consultation with a hematologist or oncologist.

Other Uses With Supportive Evidence

- D. Immune checkpoint inhibitor-related toxicities
- E. Myelodysplastic syndromes
- F. Post-allogenic transplantation

- II. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines or National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.
- III. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Patient is on a regimen containing direct-acting antiviral agent used without interferon for the treatment of chronic hepatitis C infection.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity is limited to a maximum of a 30-day supply per fill.
 - Chronic ITP: Doses up to 75 mg per day.

- Chronic Hepatitis C-associated Thrombocytopenia: Doses up to 100 mg per day.
- First-line Severe Aplastic Anemia:
 - Patients 12 years and older: doses up to 150 mg per day.
 - Pediatric patients age 6 to 11 years: doses up to 75 mg per day.
 - Pediatric patients age 2 to 5 years: doses up to 2.5 mg/kg per day
- Refractory Severe Aplastic Anemia: Doses up to 150 mg per day.

APPROVAL LENGTH

- **Authorization:**

- Persistent or chronic ITP: 12 weeks.
- Chronic Hepatitis C-associated Thrombocytopenia: Length of interferon-based therapy (up to 48 weeks).
- First-line Severe Aplastic Anemia: 6 months.
- Severe Refractory Aplastic Anemia: 16 weeks.

- **Re-Authorization:**

- Persistent or chronic ITP/ Severe Aplastic Anemia: Up to 6 months. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Documentation of a platelet count of at least 50,000/mm³ but not more than 200,000/mm³ is also required.
- Chronic Hepatitis C-associated Thrombocytopenia: N/A

APPENDIX

N/A

REFERENCES

1. Promacta. Prescribing information. Novartis Pharmaceuticals Corporation. 2025. Accessed February 26, 2026. www.novartis.com/us-en/sites/novartis_us/files/promacta.pdf
2. Neunert C, Terrell Dr, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Advances*. 2019;3(23):3829-3858. DOI: 10.1182/bloodadvances.2019000966.
3. Provan D, Arnold DM, Bussel JB, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. *Blood Advances*. 2019;3(22):3780-3817.

4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Hematopoietic Growth Factors. Version 3.2026. Updated December 5, 2025. Accessed February 26, 2026. www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf
5. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Myelodysplastic Syndromes. Version 3.2026. Updated January 12, 2026. Accessed February 26, 2026. www.nccn.org/professionals/physician_gls/pdf/mds.pdf
6. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Management of Immune Checkpoint Inhibitor-Related Toxicities. Version 1.2026. Updated October 23, 2025. Accessed February 26, 2026. www.nccn.org/professionals/physician_gls/pdf/ici_tox.pdf.pdf
7. Kulasekararaj A, Cavenagh J, Dokal I, et al. Guidelines for the diagnosis and management of adult aplastic anaemia: a British society for haematology guideline. Br J Haematol. 2024 Mar;204(3):784-804. doi: 10.1111/bjh.19236
8. Olnes MJ, Scheinberg P, Calvo KR, et al. Eltrombopag and improved hematopoiesis in refractory aplastic anemia. N Engl J Med 2012;367:11-19. doi: 10.1056/NEJMoa1200931

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.