VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Thrombocytopenia – Promacta Prior Authorization Policy
- Promacta® (eltrombopag tablets and oral suspension – Novartis)

REVIEW DATE: 03/23/2022

OVERVIEW

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 adult 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 adult 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.

For patients with refractory severe aplastic anemia, if no hematologic response has occurred after 16 weeks of treatment with Promacta, discontinue therapy. For ITP, Promacta 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 Promacta at the maximum daily dose of 75 mg. Use Promacta 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 Promacta 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, Promacta should be stopped upon discontinuation of antiviral treatment futility.

Guidelines

Promacta is addressed in several guidelines.

- **Aplastic Anemia:** Guidelines for the diagnosis and management of adult aplastic anemia are also available from the British Society for Standards in Hematology (2016).[2] Immunosuppressive therapy is recommended first-line for non-severe aplastic anemia in patients requiring treatment, severe or very severe aplastic anemia in patients who lack a matched sibling donor, and severe or very severe aplastic anemia in patients > 35 to 50 years of age. Other immunosuppressive recommended have been studied (e.g., mycophenolate mofetil, sirolimus, corticosteroids) but expertise should be provided prior to consideration of such agents. Hematopoietic stem cell transplantation (HSCT) is also recommended in certain circumstances. Promacta is an option is some clinical scenarios (e.g., heavily pre-treated patients, those unsuitable for HSCT).
- **Immune Thrombocytopenia (ITP):** The 2019 the American Society of Hematology updated guidelines for ITP.[3] 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 (Promacta 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 do 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 for MDS (version 3.2022 – January 13, 2022) state to consider treatment with a thrombopoietin receptor agonist in patients with lower-risk MDS who have severe or life-threatening thrombocytopenia.[4] The data with Promacta 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 Promacta in patients with MDS.[5-7]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Promacta. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Promacta as well as the monitoring required for adverse events and efficacy, approval requires Promacta to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Promacta is recommended in those who meet one of the following criteria:

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 the following criteria (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 moefetil, or sirolimus.
       - **b)** Patient will be using Promacta 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 moefetil, or sirolimus.
     - **iii.** Promacta is prescribed by or in consultation with a hematologist; OR
   - **B)** Patient is Currently Receiving Promacta. 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 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), or 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 Promacta. Approve for 1 year if the patient meets both of the following criteria (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 the following criteria (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]), or Intron A (interferon alfa-2b).
C) The medication is prescribed by or in consultation with either a gastroenterologist, a hepatologist, or a physician who specializes in infectious disease.

Other Uses with Supportive Evidence

4. Thrombocytopenia in 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 the following criteria (i, ii, and iii):
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); OR
b) Patient meets one 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 an oncologist; OR

B) Patient is Currently Receiving Promacta. Approve for 1 year if the patient meets both of the following criteria (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.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Promacta is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Promacta® tablets and oral suspension [prescribing information]. East Hanover, NJ: Novartis; October 2021.
2. Killick SB Bown N, Cavenagh J, et al, on behalf of the British Society for Standards in Hematology. Guidelines for the diagnosis and management of adult aplastic anaemia. *Br J Haematol*. 2016;172:187-207.
3. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv*. 2019;3(23):3829-3866.
4. The NCCN Myelodysplastic Syndromes Clinical Practice Guidelines in Oncology (Version 3.2022 – January 13, 2022). © 2022 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed March 16, 2022.
5. Platzbecker U, Wong RS, Verma A, et al. Safety and tolerability of eltrombopag versus placebo for treatment of thrombocytopenia in patients with advanced myelodysplastic syndromes or acute myeloid leukemia: a multicenter, randomized, placebo-controlled, double-blind, phase 1/2 trial. *Lancet Haematol*. 2015;2(10):e417-26.
6. Olivia EN, Alati C, Santini V, et al. Eltrombopag versus placebo for lower-risk myelodysplastic syndromes with thrombocytopenia (EQol-MDS): phase 1 results for a single-blind, randomized, controlled phase 2 superiority trial. *Lancet Haematol*. 2017;4(3):e127-e136.
7. Brierley CK, Steensma DP. Thrombopoiesis-stimulating agents and myelodysplastic syndromes. *Br J Haematol*. 2015;169:309-323.