

## Pre - PA Allowance

None

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Immune Thrombocytopenia (ITP)
  - a. 1 year of age or older
  - b. Inadequate response or intolerant to corticosteroids, immunoglobulins, or splenectomy
  - c. Platelet count at time of diagnosis less than 50,000 platelets per microliter
  - d. **Age 1-17 only:** Patient has had ITP for at least 6 months
  - e. **NOT** used in combination with another thrombopoietin receptor agonist (e.g., Promacta, Doptelet) or with Tavalisse (fostamatinib disodium hexahydrate)
2. Hematopoietic Syndrome of Acute Radiation Syndrome

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Immune Thrombocytopenia (ITP)
  - a. 1 year of age or older
  - b. Patient has **ONE** of the following:
    - i. Platelet count 50,000 - 200,000 platelets per microliter
    - ii. Platelet count greater than 200,000 platelets per microliter or less than or equal to 400,000 platelets per microliter with agreement that therapy will be adjusted to the minimum platelet count needed to reduce the bleeding risk
  - c. **NOT** used in combination with another thrombopoietin receptor agonist (e.g., Promacta, Doptelet) or with Tavalisse (fostamatinib disodium hexahydrate)

2. Hematopoietic Syndrome of Acute Radiation Syndrome

**Prior - Approval *Renewal* Limits**

Same as above