

**PROMACTA, ALVAIZ\*  
(eltrombopag)**

\*Prior authorization for this product applies only to formulary exceptions due to being a non-covered medication

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Diagnoses**

**Promacta only**

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

1. Chronic or persistent immune (idiopathic) 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
2. Thrombocytopenia associated with chronic hepatitis C
  - a. 18 years of age or older
  - b. Used to initiate and maintain interferon-based therapy
  - c. Platelet count at time of diagnosis less than 75,000 platelets per microliter
3. Severe aplastic anemia
  - a. 18 years of age or older
  - b. Inadequate response to immunosuppressive therapy
  - c. Platelet count at time of diagnosis less than 50,000 platelets per microliter

**OR**

- a. 2 years of age or older
- b. First line therapy in combination with standard immunosuppressive therapy
- c. Platelet count at time of diagnosis less than 50,000 platelets per microliter

**AND ALL** of the following for **ALL** indications:

1. Prescriber agrees to obtain baseline clinical hematology and liver function tests and to monitor during treatment

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2. **NOT** used in combination with another thrombopoietin receptor agonist or with Tavalisse (fostamatinib disodium hexahydrate)

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## Diagnoses

### Alvaiz only

*Prior authorization for Alvaiz applies only to formulary exceptions due to being a non-covered medication*

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

1. Chronic or persistent immune (idiopathic) thrombocytopenia (ITP)
  - a. 6 years 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
2. Thrombocytopenia associated with chronic hepatitis C
  - a. 18 years of age or older
  - b. Used to initiate and maintain interferon-based therapy
  - c. Platelet count at time of diagnosis less than 75,000 platelets per microliter
3. Severe aplastic anemia
  - a. 18 years of age or older
  - b. Inadequate response to immunosuppressive therapy
  - c. Platelet count at time of diagnosis less than 50,000 platelets per microliter

**AND ALL** of the following for **ALL** indications:

1. Prescriber agrees to obtain baseline clinical hematology and liver function tests and to monitor during treatment
2. **NOT** used in combination with another thrombopoietin receptor agonist or with Tavalisse (fostamatinib disodium hexahydrate)

## Prior - Approval Limits

**Duration**     6 months

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**Prior – Approval *Renewal* Requirements**

**Diagnoses**

**Promacta only**

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

1. Chronic or persistent immune (idiopathic) thrombocytopenia (ITP)
  - a. 1 year of age or older
2. Thrombocytopenia associated with chronic hepatitis C
  - a. 18 years of age or older
  - b. Used to maintain interferon-based therapy
3. Severe aplastic anemia
  - a. 2 years of age or older
  - b. **Age 2-17 only:** used in combination with standard immunosuppressive therapy

**AND ONE** of the following for **ALL** indications:

1. Platelet count 50,000 platelets per microliter to 200,000 platelets per microliter
2. Platelet count  $\geq 200,000$  platelets per microliter to  $\leq 400,000$  platelets per microliter: prescriber agrees that therapy will be adjusted to the minimum platelet count needed to reduce the bleeding risk

**AND ALL** of the following for **ALL** indications:

1. Prescriber agrees to monitor clinical hematology and liver function tests during treatment
2. ALT counts  $< 3$  times the upper limit of normal
3. **NOT** used in combination with another thrombopoietin receptor agonist or with Tavalisse (fostamatinib disodium hexahydrate)

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**Diagnoses**

**Alvaiz only**

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

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1. Chronic or persistent immune (idiopathic) thrombocytopenia (ITP)
  - a. 6 years of age or older
2. Thrombocytopenia associated with chronic hepatitis C
  - a. 18 years of age or older
  - b. Used to maintain interferon-based therapy
3. Severe aplastic anemia
  - a. 18 years of age or older

**AND ONE** of the following for **ALL** indications:

1. Platelet count 50,000 platelets per microliter to 200,000 platelets per microliter
2. Platelet count  $\geq$  200,000 platelets per microliter to  $\leq$  400,000 platelets per microliter: prescriber agrees that therapy will be adjusted to the minimum platelet count needed to reduce the bleeding risk

**AND ALL** of the following for **ALL** indications:

1. Prescriber agrees to monitor clinical hematology and liver function tests during treatment
2. ALT counts  $<$  3 times the upper limit of normal
3. **NOT** used in combination with another thrombopoietin receptor agonist or with Tavalisse (fostamatinib disodium hexahydrate)

## **Prior – Approval *Renewal* Limits**

**Duration**     12 months