

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input checked="" type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input checked="" type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

Exceptions Criteria

Immune Thrombocytopenia (ITP)

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

Plan Design Summary

This program applies to the immune thrombocytopenia and other related products specified in this document. Coverage for the targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with Nplate, Mulpleta, or Tavalisse for the first time. This program also applies to all members requesting treatment with Promacta.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table 1. Immune Thrombocytopenia and Other Related Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	<ul style="list-style-type: none"> Alvaiz (eltrombopag) Doptelet (avatrombopag)

	Product(s)
Target	<ul style="list-style-type: none"> • Mulpleta (lusutrombopag) • Nplate (romiplostim) • Promacta (eltrombopag) • Tavalisse (fostamatinib)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Immune Thrombocytopenia (ITP)

Nplate

Coverage for Nplate is provided when any of the following criteria is met:

- Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with both of the preferred products (Alvaiz and Doptelet).
- Member is less than 6 years of age.
- Member is 6 years of age to less than 18 years of age and has a documented inadequate response or intolerable adverse event with Alvaiz.

Promacta

Coverage for Promacta is provided when any of the following criteria is met:

- Member is less than 6 years of age.
- Member is 6 years of age to less than 18 years of age, and has had a documented intolerable adverse event to Alvaiz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
- Member is 18 years of age or older and meets both of the following criteria:
 - Member has had a documented intolerable adverse event to Alvaiz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
 - Member has a documented inadequate response or intolerable adverse event to Doptelet.

Tavalisse

Coverage for Tavalisse is provided when either of the following criteria is met:

- Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with both of the preferred products (Alvaiz and Doptelet).

Reference number(s)
4973-D

Severe Aplastic Anemia

Promacta

Coverage for Promacta is provided when any of the following criteria is met:

- Promacta is being prescribed for first-line treatment for severe aplastic anemia.
- Member is less than 18 years of age.
- Member is 18 years of age or older and has had a documented intolerable adverse event to Alvaiz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Thrombocytopenia with Chronic Hepatitis C

Promacta

Coverage for Promacta is provided when either of the following criteria is met:

- Member is less than 18 years of age.
- Member is 18 years of age or older and has had a documented intolerable adverse event to Alvaiz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Thrombocytopenia in Chronic Liver Disease

Mulpleta

Coverage for Mulpleta is provided when the member meets either of the following criteria:

- Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with Doptelet.

References

1. Alvaiz [package insert]. Parsippany, NJ: Teva Pharmaceuticals; May 2024.
2. Doptelet [package insert]. Morrisville, NC: AkaRx, Inc.; July 2024.
3. Mulpleta [package insert]. Florham Park, NJ: Shionogi Inc., April 2020.
4. Nplate [package insert]. Thousand Oaks, CA: Amgen Inc.; February 2022.
5. Promacta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2023.
6. Tavalisse [package insert]. South San Francisco, CA: Rigel Pharmaceuticals, Inc.; November 2020.