

This document applies to the following:

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

Formulary	Applies
Standard Formulary Chart (SFC)	<input checked="" type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input checked="" type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Combined Benefit Medical (CBM)	<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: Marketplace Formulary (MF), Standard Formulary Chart (SFC) and Advanced Control Specialty Formulary Chart (ACSFC).

Plan Design Summary

This program applies to the immune thrombocytopenia products specified in this document. Coverage for the targeted product 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 all members requesting treatment with a targeted product.

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

Table. 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	Alvaiz (eltrombopag) Doptelet (avatrombopag)
Target	Promacta (eltrombopag)

Exception Criteria

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

Immune Thrombocytopenia (ITP)

Coverage for the targeted product 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.

Severe Aplastic Anemia

Coverage for the targeted product 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

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

- Member is less than 18 years of age.

Reference number(s)
5589-D

- 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.

References

1. Alvaiz [package insert]. Parsippany, NJ: Teva Pharmaceuticals; July 2024.
2. Doptelet [package insert]. Morrisville, NC: AkaRx, Inc.; July 2024.
3. Promacta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2023.