

PRIOR AUTHORIZATION POLICY

- POLICY:** Thrombocytopenia – Eltrombopag Products Prior Authorization Policy
- Alvaiz™ (eltrombopag choline tablets – Teva)
 - Promacta® (eltrombopag olamine tablets and oral suspension – Novartis)

REVIEW DATE: 04/24/2024

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 adults 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 adults 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.

Alvaiz, a thrombopoietin receptor agonist, is indicated for the following uses:²

- **Aplastic anemia**, severe, in adults who have had an insufficient response to immunosuppressive therapy.
- **Chronic hepatitis C, treatment of thrombocytopenia**, in adults to allow the initiation and maintenance of interferon-based therapy.
- **ITP, treatment, in adults and pediatric patients ≥ 6 year of age** with persistent or chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Of note, Alvaiz 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 eltrombopag, discontinue therapy. For ITP, eltrombopag 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 eltrombopag at the maximum daily dose. Use eltrombopag 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 eltrombopag 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, eltrombopag should be stopped upon discontinuation of antiviral treatment futility.

Guidelines

Eltrombopag is addressed in several guidelines.

- **Aplastic Anemia:** Guidelines for the diagnosis and management of adults with aplastic anemia are available from the British Society for Standards in Hematology (2024).³ Standard treatment for newly diagnosed acquired aplastic anemia is anti-thymocyte globulin (ATG)-based immunosuppressive therapy with eltrombopag or allogeneic hematopoietic stem cell transplantation (HSCT) from a matched sibling donor. The current standard first-line immunosuppressive therapy is horse ATG combined with cyclosporine, but horse ATG-ATAGAM

04/24/2024

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with cyclosporine and eltrombopag should be recommended. Eltrombopag is an option in some clinical scenarios (e.g., heavily pre-treated patients, those unsuitable for HSCT).

- **Immune Thrombocytopenia (ITP):** In 2019, the American Society of Hematology updated guidelines for ITP.⁴ 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 (eltrombopag 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 did 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 (NCCN) for MDS (version 1.2024 – February 12, 2024) state that treatment with a thrombopoietin receptor agonist should be considered in patients with lower-risk MDS who have significant, severe, life-threatening, or refractory thrombocytopenia.⁵ The data with eltrombopag 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 eltrombopag in patients with MDS.⁶⁻⁸
- **Thrombocytopenia in a Patient Post-Allogeneic Transplantation:** Recommendations from the NCCN for Hematopoietic Growth Factors (version 3.2024 – January 30, 2024) state to consider eltrombopag for the treatment of prolonged thrombocytopenia in patients post-allogeneic transplant and poor graft function (category 2A).⁹ Other data are also available that describe the use of eltrombopag in this clinical scenario.¹⁰⁻¹⁷

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of eltrombopag products. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with eltrombopag products as well as the monitoring required for adverse events and long-term efficacy, approval may require eltrombopag products to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

I. 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 ALL of the following (i, ii, and iii):
 - i. Patient has low platelet counts at baseline (pretreatment); AND
Note: An example of a low platelet count is $< 30 \times 10^9/L$ ($< 30,000/mcL$).
 - 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 mofetil, or sirolimus.

- (1) Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$); 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 oncologist; OR
 - B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if the patient meets BOTH of the following (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.
5. **Thrombocytopenia in a Patient Post-Allogeneic Transplantation.** Approve if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 3 months if the patient meets ALL the following (i, ii, and, iii):
 - i. According to the prescriber, the patient has poor graft function; AND
 - ii. Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$); AND
 - iii. The medication is prescribed by or in consultation with a hematologist, an oncologist, or a stem cell transplant specialist physician; OR
 - B) Patient is Currently Receiving Eltrombopag. Approve for 6 months if according to the prescriber, the patient demonstrated a beneficial clinical response.
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

II. Coverage of Alvaiz 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 ALL of the following (i, ii, iii, and iv):
 - i. Patient is ≥ 18 years of age; AND
 - ii. Patient has low platelet counts at baseline (pretreatment); AND
Note: An example of a low platelet count is $< 30 \times 10^9/L$ ($< 30,000/mcL$).
 - iii. 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 mofetil, and sirolimus.
 - b) Patient will be using eltrombopag 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 mofetil, and sirolimus.
 - iv. The medication is prescribed by or in consultation with a hematologist; OR
 - B) Patient is Currently Receiving Eltrombopag. 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 of the following (A or B):
- A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, iii, and iv):
 - i. Patient is ≥ 6 years of age; AND
 - ii. Patient meets ONE of the following (a or b):
 - a) Patient has a platelet count $< 30 \times 10^9/L$ ($< 30,000/mcL$); OR

- b) Patient meets BOTH of the following [(1) and (2)]:
 - (1) Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$); AND
 - (2) According to the prescriber, the patient is at an increased risk for bleeding; AND
 - iii. 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), and rituximab.
 - b) Patient has undergone splenectomy; AND
 - iv. The medication is prescribed by or in consultation with a hematologist; OR
 - B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if the patient meets BOTH of the following (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 ALL of the following (A, B, C, and D):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient has low platelet counts at baseline (pretreatment); AND
Note: An example of a low platelet count is $< 75 \times 10^9/L$ ($< 75,000/mcL$).
 - C) 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]), and Intron A (interferon alfa-2b).
 - D) The medication is prescribed by or in consultation with a gastroenterologist, a hepatologist, or a physician who specializes in infectious diseases.

Other Uses with Supportive Evidence

4. **Thrombocytopenia in a Patient with 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 ALL of the following (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 $< 30 \times 10^9/L$ ($< 30,000/mcL$); OR
 - b) Patient meets BOTH of the following [(1) and (2)]:
 - (1) Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$); 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 oncologist; OR
 - B) Patient is Currently Receiving Eltrombopag. Approve for 1 year if the patient meets BOTH of the following (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.
5. **Thrombocytopenia in a Patient Post-Allogeneic Transplantation.** Approve if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 6 months if the patient meets ALL the following (i, ii, and, iii):
 - i. According to the prescriber, the patient has poor graft function; AND

- ii. Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$); AND
 - iii. The medication is prescribed by or in consultation with a hematologist, an oncologist, or a stem cell transplant specialist physician; OR
- B) Patient is Currently Receiving Eltrombopag.** Approve for 6 months if according to the prescriber, the patient demonstrated a beneficial clinical response.
- Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Promacta or Alvaiz 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

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