PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Thrombocytopenia – Eltrombopag Products Preferred Specialty Management Policy
- Alvaiz™ (eltrombopag choline tablets – Teva)
- Promacta® (eltrombopag olamine tablets and oral suspension – Novartis)

REVIEW DATE: 05/15/2024

OVERVIEW

Promacta and Alvaiz are thrombopoietin receptor agonists.[1,2] Alvaiz is FDA-approved for the treatment of thrombocytopenia in adult and pediatric patients ≥ 6 years of age with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy; thrombocytopenia in adults with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy; and severe aplastic anemia in adults who have had an insufficient response to immunosuppressive therapy.[2] FDA-approved uses for Promacta overlap with Alvaiz.[1] However, Promacta has slightly more expansive indications. For example, the chronic ITP indication for Promacta has a lower age threshold (≥ 1 year of age). Also, Promacta has an additional indication for use in combination with standard immunosuppressive therapy for the first-line treatment of adult and pediatric patients ≥ 2 years of age with severe aplastic anemia. Alvaiz is the choline salt of eltrombopag and the tablets are available in the following strengths: 9 mg, 18 mg, 36 mg, and 54 mg. Promacta is the olamine salt and the tablets are available in the following strengths: 12.5 mg, 25 mg, 50 mg, and 75 mg. Promacta is also available as an oral suspension (12.5 mg and 25 mg packets).

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. If the patient meets the standard *Thrombocytopenia – Eltrombopag Products Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. Approval durations are as noted in the respective standard *Thrombocytopenia – Eltrombopag Products Prior Authorization Policy*. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below).

Documentation: Documentation is required for use of Promacta as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Products: Promacta tablets and oral suspension
Non-Preferred Products: Alvaiz

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Promacta® tablets and oral suspension [prescribing information]. East Hanover, NJ: Novartis; March 2023.
2. Alvaiz™ tablets [prescribing information]. Parsippany, NJ: Teva; November 2023.