Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

PROMACTA® (eltrombopag)

GPI CODING:

824050301003**

DESCRIPTION:

Eltrombopag is an oral non-peptide TPO receptor agonist. TPO receptor agonists bind to the human TPO receptor to initiate a signaling cascade similar (but not identical) to that of endogenous TPO, inducing proliferation and differentiation of megakaryocytes from bone marrow progenitor cells leading to an increase in platelet production.

APPROVAL DURATION:

For ITP, initial approvals and renewals: 12 months
For Hep C, initial approvals (pre-treatment only): 6 months

CRITERIA FOR PROMACTA

I. Patient is ≥18 years of age
AND
II. Patient has a diagnosis of relapsed/refractory chronic immune (idiopathic) thrombocytopenic purpura (ITP) for greater than 6 months AND
III. Patient's baseline platelet count is <50,000/mcL AND
IV. Patient's degree of thrombocytopenia and clinical condition increase the risk of bleeding AND
V. Patient had an insufficient response, intolerance, or contraindication to corticosteroids or immune globulin OR a splenectomy
OR
VI. Patient has a diagnosis of chronic hepatitis C: genotype 1,2,3,4,5 or 6 AND
VII. Patient will receive dual therapy with interferon and ribivirin AND
VIII. Patient is unable to initiate or maintain antiviral therapy with peginterferon and ribavirin due to platelets <75,000 cells per mm3 AND
IX. Patient will have weekly monitoring of CBC including platelets, and dose will be adjusted according to package labeling and discontinued as appropriately described in the package labeling. Promacta will not be used to normalize platelet levels, only to stabilize and maintain therapy.

Authorization for continued use shall be reviewed annually for ITP to confirm the following: patient's platelet count has increased to a level sufficient to avoid clinically important bleeding after at least 4 weeks of therapy at the maximum weekly dose (75 mg for eltrombopag).