

Thrombopoietin Receptor Agonists



Included Products: Doptelet (avatrombopag), Nplate (romiplostim), Promacta (eltrombopag)

Nplate is nonformulary for outpatient benefit. PA required on medical benefit.

Created: 11/14/2019

Revised: 05/13/2021

Reviewed: 01/12/2023

Updated: 02/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Has the treatment been initiated by or is an appropriate specialist currently supervising it? Immune Thrombocytopenic Purpura (ITP): Hematologist Aplastic Anemia (AA): Hematologist Thrombocytopenia in chronic liver disease (CLD): Hepatologist/GI, transplant, or hematologist	Continue to #2.	Do not approve.
2.	Is the product requested supported for the diagnosis at appropriate dose for the age of the member?	Continue to #3.	Do not approve.
3.	Is the product requested to be used with another therapy in the TPO-ER class or Tavalisse?	Do not approve.	Continue to #4.
4.	Continue to diagnosis.		

Immune Thrombocytopenic Purpura

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of immune thrombocytopenic purpura (ITP)?	Continue to #2.	Do not approve.
2.	Does the patient have secondary ITP (such as HIV or H. Pylori)?	Do not approve.	Continue to #3.

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3.	Is the patient pregnant?	Do not approve.	Continue to #4.
4.	Has the patient had ITP for at least 3 months?	Continue to #5.	Do not approve.
5.	Is there medical record documentation of platelet count of less than 20,000 per mm ³ or less than 30,000 per mm ³ with symptoms of bleeding?	Continue to #6.	Do not approve.
6.	Is the patient considered steroid dependent or unresponsive to steroids?	Continue to #7.	Do not approve.
7.	Has the patient failed rituximab or had a splenectomy?	Continue to #8.	Do not approve.
8.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Is there medical record documentation of maintenance of platelet counts between 30,000 per mm ³ and 100,000 per mm ³ or a doubling of platelet counts from baseline with resolution of bleeding episodes?	Continue to #2.	Do not approve.
2.	Approve for 3 months.		

Aplastic Anemia

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of aplastic anemia?	Continue to #2.	Do not approve.
2.	Is there medical record documentation of platelet count of less than 30,000 per mm ³ ?	Continue to #3.	Do not approve.
3.	Had the member failed immunosuppressive therapy with TWO of the following: <ul style="list-style-type: none"> a. antithymocyte globulin (ATG) b. cyclophosphamide c. cyclosporine d. mycophenolate mofetil e. sirolimus 	Continue to #4.	Do not approve.

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4.	Approve for 16 weeks.		
Renewal Criteria		If yes	If no
1.	Is there medical record documentation that hematologic response has occurred after 16 weeks of therapy?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		

Thrombocytopenia in Chronic Liver Disease			
Initial Criteria		If yes	If no
1.	Does the member have chronic liver disease, and scheduled to undergo an elective procedure at least 8 days from the request date?	Continue to #2.	Do not approve.
2.	Is there medical record documentation of platelet count of less than 50,000 per mm ³ ?	Continue to #3.	Do not approve.
3.	Is the scheduled procedure high risk for bleeding, or does the member currently have bleeding symptoms?	Continue to #4.	Do not approve.
4.	Approve for one fill.		

REFERENCES

- The American Society of Hematology 2019 evidence-based practice guideline for immune thrombocytopenia