SmartPA Criteria Proposal

Drug/Drug Class:	Thrombocytopenia Agents PDL Edit
First Implementation Date:	April 4, 2019
Proposed Date:	July 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐ Existing Criteria ☒ Revision of Existing Criteria ☐ New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The agents for thrombocytopenia vary in their mechanism of action, but all agents in this class increase platelet count. The approved indications vary among agents. Romiplostim, eltrombopag, fostamatinib, and avatrombopag are approved for the treatment of chronic immune thrombocytopenia (ITP) in adults (and children ≥1 year for eltrombopag and romiplostim) after insufficient response to corticosteroids, immunoglobulins, or splenectomy. Avatrombopag and lusutrombopag are approved for short-term use (5 to 7 days) in patients with chronic liver disease who are scheduled to undergo a procedure. Eltrombopag is also approved in patients with thrombocytopenia who require interferon-based therapy for hepatitis C and patients with severe aplastic anemia. These agents have not been directly compared to each other.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• NPlate® • Promacta®	• Doptelet® • Mulpleta® • Tavalisse®

Type of Criteria:

☐ **Increased risk of ADE**	☒ **Preferred Drug List**
☒ **Appropriate Indications**	☐ **Clinical Edit**

Data Sources:

☐ **Only Administrative Databases**	☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Thrombocytopenia Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- For documented diagnosis of chronic immune thrombocytopenia:
  - Approvable agents: Doptelet, NPlate, Promacta, or Tavalisse **AND**
  - Adequate therapeutic trial of a corticosteroid (defined as 30 out of 60 days) **AND**
  - For Tavalisse or Doptelet:
    - Participants aged 18 years or older **AND**
    - Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents **OR**
    - Documented ADE/ADR to preferred agents
  - **For Promacta suspension: reason of medical necessity required for participants aged ≥ 10 years**
- For documented diagnosis of short-term use (5-7 days) in participants with chronic liver disease who are scheduled to undergo a procedure:
  - Approvable agents: Doptelet or Mulpleta

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- **Claim exceeds maximum dosing limitation for the following:**

Drug Description	Generic Equivalent	Max Dosing Limitation
PROMACTA 12.5 MG SUSPENSION	ELTROMBOPAG	1 packet per day
PROMACTA 25 MG SUSPENSION	ELTROMBOPAG	6 packets per day
PROMACTA 12.5 MG TABLET	ELTROMBOPAG	1 tablet per day
PROMACTA 25MG TABLET	ELTROMBOPAG	1 tablet per day
PROMACTA 50MG TABLET	ELTROMBOPAG	2 tablets per day
PROMACTA 75MG TABLET	ELTROMBOPAG	2 tablets per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: HEMATOLOGIC AGENTS Thrombocytopenia Treatment Agents”, Gainwell Technologies; Last updated May 10, 2023.
- Evidence-Based Medicine Analysis: “Thrombocytopenia Treatment Agents”, UMKC-DIC; March 2023.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.