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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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</thead>
<tbody>
<tr>
<td>• NPlate®</td>
<td>• Doptelet®</td>
</tr>
<tr>
<td>• Promacta®</td>
<td>• Mulptela®</td>
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<tr>
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<td>• Tavalisse®</td>
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</tbody>
</table>

Type of Criteria: ☒ Preferred Drug List
☐ Increased risk of ADE
☐ Appropriate Indications
☐ Clinical Edit

Data Sources: ☒ Databases + Prescriber-Supplied
☐ Only Administrative Databases

Setting & Population

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

• For documented diagnosis of chronic immune thrombocytopenia:
  o Approvable agents: Doptelet, NPlate, Promacta, or Tavalisse AND
  o Adequate therapeutic trial of a corticosteroid (defined as 30 out of 60 days) AND
  o 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 documented diagnosis of short-term use (5-7 days) in participants with chronic liver disease who are scheduled to undergo a procedure:
  o 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

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

1. USPDI, Micromedex; 2021.
2. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.