

eltrombopag Products (Promacta[®], generics, Alvaiz[™])

Policy # 00627

Original Effective Date: 01/01/2019

Current Effective Date: 08/01/2025

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider eltrombopag olamine (Promacta[®], generics)[†] or eltrombopag choline (Alvaiz[™])[‡] for the treatment of thrombocytopenia or aplastic anemia to be **eligible for coverage**.**

Patient Selection Criteria

Coverage eligibility for eltrombopag olamine (Promacta, generics) or eltrombopag choline (Alvaiz) will be considered when the following criteria are met for the requested drug:

- For **Promacta** requests:
 - Patient has a diagnosis of persistent or chronic immune thrombocytopenia (ITP) and meets ONE of the following:
 - Has tried and failed (e.g. intolerance or inadequate response) corticosteroids; OR
 - Has tried and failed (e.g. intolerance or inadequate response) immunoglobulin therapy (e.g. intravenous immunoglobulin [IVIG]); OR
 - Has had a splenectomy; OR
 - Patient has chronic hepatitis C and thrombocytopenia; AND
 - Promacta will be used to initiate or maintain interferon therapy; OR
 - Patient has a diagnosis of severe aplastic anemia; AND
 - If the request is for BRAND Promacta, patient has tried and failed (e.g., intolerance or inadequate response) GENERIC eltrombopag olamine unless there is clinical evidence or patient history that suggests GENERIC eltrombopag olamine will be ineffective or cause an adverse reaction to the patient.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- For **Alvaiz** requests:
 - Patient has a diagnosis of persistent or chronic immune thrombocytopenia (ITP) and ALL of the following:
 - Patient is 6 years of age or older; AND

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- Patient meets ONE of the following:
 - ❖ Has tried and failed (e.g., intolerance or inadequate response) corticosteroids; OR
 - ❖ Has tried and failed (e.g., intolerance or inadequate response) immunoglobulin therapy (e.g., IVIG); OR
 - ❖ Has had a splenectomy; OR
- Patient has a diagnosis of chronic hepatitis C and thrombocytopenia; AND
 - Alvaiz will be used to initiate or maintain interferon therapy; OR
- Patient has a diagnosis of severe aplastic anemia and BOTH of the following:
 - Patient is ≥ 18 years of age; AND
 - Patient has had an insufficient response to immunosuppressive therapy (e.g., horse antithymocyte globulin, cyclosporine A).

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand Promacta when the patient has not tried and failed GENERIC eltrombopag olamine to be **not medically necessary**.**

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of eltrombopag olamine (Promacta, generics) or eltrombopag choline (Alvaiz) when patient selection criteria are not met to be **investigational**.*

Background/Overview

Eltrombopag belongs to the class of drugs known as thrombopoietin receptor agonists and is approved as two different salt forms. Eltrombopag olamine is the active ingredient in Promacta and eltrombopag choline is the active ingredient in Alvaiz. Alvaiz was approved via the 505(b)(2) pathway using Promacta as the reference drug. It did not receive all of the same indications as Promacta. Promacta is indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year of age and older with persistent or chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. It is also indicated for the treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy and for the treatment of patients with severe aplastic anemia. Promacta is available as a brand and generic tablet in various strengths (12.5 mg, 25 mg, 50 mg, 75 mg) and as a brand and generic oral suspension powder for reconstitution (12.5 mg, 25 mg packets). Alvaiz is approved for the treatment of thrombocytopenia in patients 6 years of age and older with persistent or chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Alvaiz is also approved for the treatment of thrombocytopenia in adults with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy and for the treatment of adult patients with severe aplastic anemia who have had an insufficient response to

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immunosuppressive therapy. Alvaiz is available as a tablet in various strengths (9 mg, 18 mg, 36 mg, and 54 mg). It is important to note that Alvaiz and Promacta are not substitutable with each other on a milligram per milligram basis due to observed bioavailability in studies conducted on Alvaiz. The recommended dose of either product depends on the indication, the patient's age and race, and the patient's response to the initial dose, but all doses should be given on an empty stomach and be separated from other medications, calcium-rich foods, or supplements by at least 2 hours. Promacta and Alvaiz have a Boxed Warning regarding the risk for hepatic decompensation in patients with chronic hepatitis C infection. The safety and efficacy of these products have not been established in combination with direct-acting antiviral agents indicated for the treatment of chronic hepatitis C genotype 1 infection.

Immune Thrombocytopenia (ITP)

ITP is an acquired condition of thrombocytopenia in which autoantibodies destroy the platelets and also affect megakaryocytes and impair platelet production. ITP has previously been called idiopathic thrombocytopenic purpura, immune thrombocytopenic purpura, or autoimmune thrombocytopenic purpura, but these terms have been replaced by immune thrombocytopenia (ITP) to reflect the known immunologic mechanism and absence of purpura in some patients. The condition is further classified into newly diagnosed, persistent, or chronic disease based on the time elapsed since diagnosis. ITP is considered persistent when it has been 3-12 months since diagnosis and chronic if it has been more than 12 months. The 2019 American Society of Hematology (ASH) guidelines state that first-line treatment for adults with ITP includes corticosteroids. For patients who are corticosteroid-dependent or do not respond to corticosteroids, thrombopoietin receptor agonists or splenectomy are recommended. Rituximab may also be considered but is less preferred than the thrombopoietin receptor agonist or splenectomy. While there is less evidence in children, thrombopoietin receptor agonists are recommended as a second-line therapy in pediatric patients.

Chronic Hepatitis C

Eltrombopag is indicated for the treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy. It should only be used in patients with hepatitis C whose degree of thrombocytopenia prevents the initiation of interferon-based therapy or limits the ability to maintain interferon-based therapy. Patients in the trials were adults with chronic hepatitis C who were receiving either PegIntron[®]† or Pegasys[®]†, along with ribavirin, and platelet counts were $< 75 \times 10^9/L$. Use of Promacta allowed approximately 95% of patients to initiate therapy and a statistically significantly greater proportion of patients given Promacta achieved sustained virologic response (SVR).

Aplastic Anemia

Aplastic anemia is a disorder of the hematopoietic stem cells that causes pancytopenia and a hypocellular bone marrow without splenomegaly, most often due to immune injury to multipotent hematopoietic stem cells. If untreated, aplastic anemia is associated with very high mortality. Despite these patients already having elevated levels of thrombopoietin, there is some evidence that eltrombopag may be effective in improving hematologic parameters in aplastic anemia.

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Immunosuppressive therapy (e.g., horse antithymocyte globulin, cyclosporine A) and hematopoietic cell transplantation are often used as first line treatment options before eltrombopag. The addition of eltrombopag to immunosuppressive therapy has been shown to improve cytopenias.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Promacta is approved for the treatment of thrombocytopenia in adult and pediatric patients 1 year of age and older with persistent or chronic ITP who have had insufficient response to corticosteroids, immunoglobulins, or splenectomy. It is also indicated for the treatment of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy and for the treatment of patients with severe aplastic anemia.

Alvaiz is approved for the treatment of thrombocytopenia in adult and pediatric patients 6 years and older with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. It is also indicated for the treatment of adult patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy and for the treatment of adult patients with severe aplastic anemia who have had an insufficient response to immunosuppressive therapy.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Alvaiz

The effectiveness of Alvaiz has been established based on studies of Promacta in adult and pediatric patients 6 years and older with persistent or chronic ITP, adult patients with chronic hepatitis C-associated thrombocytopenia, and adult patients with refractory severe aplastic anemia.

Persistent or Chronic ITP

The efficacy and safety of Promacta in adult patients with persistent or chronic ITP were evaluated in 3 randomized, double-blind, placebo-controlled trials and in an open-label extension trial.

In trials 1 and 2, patients who had completed at least one prior ITP therapy and who had a platelet count less than $30 \times 10^9/L$ were randomized to receive either Promacta or placebo daily for up to 6 weeks followed by 6 weeks off therapy. Trial 1 randomized 114 patients (2:1) to Promacta 50 mg or placebo. Trial 2 randomized 117 patients (1:1:1:1) among placebo or 1 of 3 dose regimens of Promacta, 30 mg, 50 mg, or 75 mg each administered daily. In trial 2, approximately 14% of patients with documented time since diagnosis met the definition of persistent ITP. The efficacy was evaluated by response rate, defined as a shift from a baseline platelet count of less than $30 \times 10^9/L$

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to greater than or equal to $50 \times 10^9/L$ at any time during the treatment period. In both trials, the response rate of Promacta 50 mg daily was statistically significantly higher than placebo (Trial 1: 59% vs 16%. Trial 2: 70% vs 11%).

In trial 3, 197 patients were randomized (2:1) to receive either Promacta 50 mg once daily or placebo for 6 months during which time the dose of Promacta could be adjusted based on individual platelet counts. Approximately half of the patients included in the trial were receiving concomitant ITP medication (predominantly corticosteroids) at randomization and had baseline platelet counts less than or equal to $15 \times 10^9/L$. Of the 145 patients with documented time since diagnosis, 19% met the definition of persistent ITP. The efficacy of Promacta was evaluated by the odds of achieving a platelet count greater than or equal to $50 \times 10^9/L$ and less than or equal to $400 \times 10^9/L$ for patients receiving Promacta relative to placebo and was based on patient response profiles throughout the 6-month treatment period. In 134 patients who completed 26 weeks of treatment, a sustained platelet response was achieved by 60% of patients treated with Promacta compared with 10% of patients treated with placebo. Patients treated with Promacta were significantly more likely to achieve a platelet count between $50 \times 10^9/L$ and $400 \times 10^9/L$ during the entire 6 month period compared with those patients treated with placebo.

The efficacy and safety of Promacta in pediatric patients 1 year and older with chronic ITP were evaluated in two double-blind, placebo-controlled trials (trials 4 and 5). The trials differed in time since ITP diagnosis: at least 6 months versus at least 12 months. During the trials, doses could be increased every 2 weeks to a maximum of 75 mg once daily. The dose was reduced if the platelet count exceeded $200 \times 10^9/L$ and interrupted and reduced if it exceeded $400 \times 10^9/L$. In trial 4, patients refractory or relapsed to at least one prior ITP therapy with a platelet count less than $30 \times 10^9/L$ were stratified by age and randomized (2:1) to Promacta or placebo. The efficacy of Promacta in this trial was evaluated by the proportion of subjects on Promacta achieving platelet counts $\geq 50 \times 10^9/L$ for at least 6 out of 8 weeks between Weeks 5 to 12. 41% of the patients in the Promacta group met this primary endpoint compared to 3% of placebo patients. More pediatric patients treated with Promacta (75%) compared with placebo (21%) had at least one platelet count $\geq 50 \times 10^9/L$ during the first 12 weeks of randomized treatment in absence of rescue therapy. In trial 5, 67 patients refractory or relapsed to at least one prior ITP therapy with a platelet count $< 30 \times 10^9/L$ were stratified by age and randomized (2:1) to Promacta or placebo. The efficacy of Promacta in this trial was evaluated by the proportion of patients achieving platelet counts $\geq 50 \times 10^9/L$ at least once between Weeks 1 and 6 of the randomized, double-blind period. Overall, 62% of the patients in the Promacta group achieved this endpoint compared to 32% of those in the placebo group.

Chronic Hepatitis C-associated Thrombocytopenia

The efficacy and safety of Promacta for the treatment of thrombocytopenia in adult patients with chronic hepatitis C were evaluated in two randomized, double-blind, placebo-controlled trials. Trial 1 utilized peginterferon alfa-2a (Pegasys) plus ribavirin for antiviral treatment and Trial 2 utilized peginterferon alfa-2b (Pegintron) plus ribavirin. In both trials, patients with a platelet count of less than $75 \times 10^9/L$ were enrolled and stratified by platelet count, screening hepatitis C virus ribonucleic acid (HCV RNA), and HCV genotype. Patients were excluded if they had evidence of

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decompensated liver disease with Child-Pugh score greater than 6 (class B and C), history of ascites, or hepatic encephalopathy. The trials consisted of 2 phases—a pre-antiviral treatment phase and an antiviral treatment phase. In the pre-antiviral treatment phase, patients received open-label Promacta to increase the platelet count to a threshold of $\geq 90 \times 10^9/\text{L}$ for Trial 1 and $\geq 100 \times 10^9/\text{L}$ for Trial 2. Promacta was administered an initial dose of 25 mg once daily for 2 weeks and increased in 25-mg increments over 2 to 3 week periods for up to 9 weeks to achieve the optimal platelet count. If threshold platelet counts were achieved, patients were randomized (2:1) to the same dose of Promacta at the end of the pre-treatment phase or to placebo. Promacta was administered in combination with pegylated interferon and ribavirin per their respective prescribing information for up to 48 weeks. The efficacy of Promacta for both trials was evaluated by SVR defined as the percentage of patients with undetectable HCV-RNA at 24 weeks after completion of antiviral treatment. In trial 1 (n=715), 23% of patients achieved SVR in the Promacta group compared to 14% in the placebo group. In trial 2, 19% of patients achieved SVR in the Promacta group versus 13% in the placebo group. Both of these results were statistically significant.

Severe Aplastic Anemia

Promacta was studied in a single-arm, single-center, open-label trial in 43 patients with severe aplastic anemia who had an insufficient response to at least one prior immunosuppressive therapy and who had a platelet count $\leq 30 \times 10^9/\text{L}$. Promacta was administered at an initial dose of 50 mg once daily for 2 weeks and increased over 2-week periods up to a maximum dose of 150 mg once daily. The efficacy was evaluated by the hematologic response assessed after 12 weeks of treatment. Hematologic response was defined as meeting 1 or more of the following criteria: 1) platelet count increases to $20 \times 10^9/\text{L}$ above baseline, or stable platelet counts with transfusion independence for a minimum of 8 weeks; 2) hemoglobin increase by greater than 1.5 g/dL, or a reduction in ≥ 4 units of red blood cell transfusions for 8 consecutive weeks; 3) absolute neutrophil count (ANC) increase of 100% or an ANC increase greater than $0.5 \times 10^9/\text{L}$. 17 of the 43 patients (40%) achieved a hematologic response and the median duration of response was not reached.

References

1. Promacta [package insert]. Novartis. East Hanover, NJ. June 2025
2. Neunert C, Terrell DR, Arnold DM, et al. The American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood*.2019;3(23):3829-3866.
3. Express Scripts Promacta prior authorization policy. Updated June 2017.
4. Alvaiz [package insert]. Teva Pharmaceuticals, Inc. Parsippany, NJ. May 2024.

Policy History

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10/04/2018 Medical Policy Committee review

10/17/2018 Medical Policy Implementation Committee approval. New policy.

10/03/2019 Medical Policy Committee review

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10/09/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/01/2020	Medical Policy Committee review
10/07/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/07/2021	Medical Policy Committee review
10/13/2021	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/06/2022	Medical Policy Committee review
10/11/2022	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
07/06/2023	Medical Policy Committee review
07/12/2023	Medical Policy Implementation Committee approval. Updated criteria and background information to include new indication for persistent immune thrombocytopenia.
07/02/2024	Medical Policy Committee review
07/10/2024	Medical Policy Implementation Committee approval. Added new product, Alvaiz, with relevant criteria and background information. Updated title from “eltrombopag (Promacta)” to “eltrombopag Products (Promacta, Alvaiz).”
07/03/2025	Medical Policy Committee review
07/09/2025	Medical Policy Implementation Committee approval. Added Promacta generics with criterion requiring trial of generic prior to brand. Updated title from “eltrombopag Products (Promacta, Alvaiz)” to “eltrombopag Products (Promacta, generics, Alvaiz).”

Next Scheduled Review Date: 07/2026

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

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****Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.