Reference number
1757-H

SPECIALTY QUANTITY LIMIT PROGRAM

PROMACTA (eltrombopag)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-Recommended dosing
Promacta (eltrombopag) 12.5 mg tablets	30 per 30 days	Not applicable	Chronic ITP: initiate at 50 mg once daily for most adult and pediatric patients 6 years and older and at 25 mg once daily for pediatric patients aged 1 to 5 years. Dose reductions are needed for patients with hepatic impairment and some patients of East Asian ancestry. Adjust to maintain platelet count greater than or equal to 50 x 10^9/L. Do not exceed 75 mg per day. Chronic Hep C-associated thrombocytopenia: initiate at 25 mg once daily. Adjust to achieve target platelet count required to initiate antiviral therapy. Do not exceed a daily dose of 100 mg. First-line severe aplastic anemia: Initiate once daily at 2.5 mg/kg (in pediatric patients aged 2 to 5 years old), 75 mg (pediatric patients aged 6 to 11 years old), or 150 mg for patients aged 12 years and older concurrently with standard immunosuppressive therapy. Reduce initial dose in patients of Asian ancestry. Modify dosage for toxicity or elevated platelet counts. Refractory severe aplastic anemia: initiate at 50 mg once daily for most patients. Reduce initial dose in patients with hepatic impairment or patients of East Asian ancestry. Adjust to maintain platelet count greater than 50 x 10^9/L. Do not exceed 150 mg per day.
Promacta (eltrombopag) 25 mg tablets			
Promacta (eltrombopag) 12.5 mg oral suspension packets	240 packets per 30 days	360 packets per 30 days	
Promacta (eltrombopag) 50 mg tablets	60 per 30 days	Not applicable	
Promacta (eltrombopag) 75 mg tablets			

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

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III. REFERENCE

1. Promacta [package insert]. Research Triangle Park, NC: GlaxoSmithKline; April 2019.