

# Thrombocytopenia Treatments

**Goal(s):**

The goal of this initiative is to ensure thrombopoietin receptor agonists (TPOs) and tyrosine kinase inhibitors are used for their appropriate indications and for recommended treatment durations.

**Length of Authorization:**

- Up to 12 months

**Requires PA:**

Non-preferred drugs

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030
- Searchable site for Oregon FFS Drug Class listed at [www.orpd.org/drugs/](http://www.orpd.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved indication?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; medical appropriateness.
3. Is this for a renewal therapy for a patient previously prescribed fostamatinib?	<b>Yes:</b> Go to Renewal Criteria	<b>No:</b> Go to #4
4. Will the prescriber consider a change to a preferred product?  Message: <ul style="list-style-type: none"> <li>• Preferred products do not require a PA.</li> <li>• Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy &amp; Therapeutics Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of covered alternatives in class.	<b>No:</b> Go to #5
5. Is the request for avatrombopag (Doptelet®) or lusutrombopag (Mulpleta®) in a patient with chronic liver disease who is scheduled to undergo a procedure?	<b>Yes:</b> Approve for a maximum of 5 days for avatrombopag and for a maximum of 7 days for lusutrombopag.	<b>No:</b> Go to #6

## Approval Criteria

6. Is the request for fostamatinib (Tavalisse™) and the patients has failed, or has contraindications to romiplostim and eltrombopag?

**Yes:** Approve for up to 3 months.

**No:** Pass to RPh. Deny; recommend trial of treatment(s) recommended in #6.

## Renewal Criteria

1. Is the renewal request for fostamatinib and the patient has had liver function tests within the previous 30 days?

**Yes:** Approve for up to 12 months.

**No:** Pass to RPh. Advise provider to monitor liver function tests as recommended by prescribing materials.

*P&T/DUR Review: 1/2019 (KS)  
Implementation: 3/1/2019*