GEORGIA MEDICAID FEE-FOR-SERVICE
THROMBOPOIETIN RECEPTOR AGONIST PA SUMMARY

<table>
<thead>
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<th>Preferred</th>
<th>Non-Preferred</th>
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<td>Promacta oral suspension and tablets (eltrombopag)</td>
<td>Nplate subcutaneous injection (romiplostim)</td>
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Promacta is preferred but requires PA.

**LENGTH OF AUTHORIZATION:** 3 months initial; 1 year renewal

**NOTE:** Promacta is preferred but requires PA.

**PA CRITERIA:**

*Nplate*
- If the medication will be administered in a clinic or physician’s office, the medication must be billed through the Medicaid Physician Services Program. Information regarding the Physician’s Injectable Drug List is located at www.mmis.georgia.gov.
- Approvable for members 18 years of age or older with a diagnosis of thrombocytopenia due to chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response (platelet count <30 x10⁹/L) to corticosteroid therapy, immunoglobulin therapy or splenectomy AND have had an insufficient response, allergies, contraindications, drug drug interactions or intolerable side effects with Promacta.

*Promacta*
- Approvable for members 1 year of age or older with a diagnosis of thrombocytopenia due to chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response (platelet count <30 x10⁹/L) to corticosteroid therapy, immunoglobulin therapy or splenectomy.
- Approvable for members 18 years or older with a diagnosis of thrombocytopenia due to chronic hepatitis C (CHC) who are unable to start and maintain interferon therapy due to low platelet count (<75 x 10⁹/L).
- Approvable for members 18 years or older with a diagnosis of severe aplastic anemia who have had an insufficient response (platelet count <30 x10⁹/L) to immunosuppressive therapy.

**EXCEPTIONS:**
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**
- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

Revised 11/1/2017
PA and APPEAL PROCESS:

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.