



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

Preferred	Non-Preferred
Promacta oral suspension and tablets (eltrombopag)	Nplate subcutaneous injection (romisplastim)

LENGTH OF AUTHORIZATION: 3 months initial; 1 year renewal

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 or older with a diagnosis of thrombocytopenia due to chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response (platelet count $<30 \times 10^9/L$) to corticosteroid therapy, immunoglobulin therapy or splenectomy AND have had an insufficient response, allergies, contraindications, drug-drug interactions or intolerable side effects with Promacta.
- ❖ In addition, the prescriber and member must be enrolled in the Nplate NEXUS program.

Promacta

- ❖ Approvable for members 18 years or older with a diagnosis of thrombocytopenia due to chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had an insufficient response (platelet count $<30 \times 10^9/L$) 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 counts ($\leq 75 \times 10^9/L$).
- ❖ Approvable for members 18 years or older with a diagnosis of severe aplastic anemia who have had an insufficient response (platelet count $<30 \times 10^9/L$) 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>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.