<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>NPlate (romiplostim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLING CODE</td>
<td>J2796</td>
</tr>
<tr>
<td>BENEFIT TYPE</td>
<td>Medical</td>
</tr>
<tr>
<td>SITE OF SERVICE ALLOWED</td>
<td>Hospital, Office</td>
</tr>
<tr>
<td>COVERAGE REQUIREMENTS</td>
<td>Prior Authorization Required (Non-Preferred Product) Alternative preferred products include immune globulins and Promacta</td>
</tr>
<tr>
<td>QUANTITY LIMIT</td>
<td>10 mcg/kg (actual body weight)</td>
</tr>
<tr>
<td>LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY</td>
<td>Click Here</td>
</tr>
</tbody>
</table>

NPlate (romiplostim) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### IMMUNE THROMBOCYTOPENIC PURPURA (ITP)

For **initial** authorization:
1. Member is 18 years of age or older; AND
2. Member has a documented diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP); AND
3. Medication must be prescribed by or in consultation with a hematologist; AND
4. Member has ONE of the following conditions:
   a) Current platelet count is <30x10⁹/L;
   b) 30x10⁹/L to 50x10⁹/L with one of the following:
      i) Symptomatic bleeding (e.g., significant mucous membrane bleeding, gastrointestinal bleeding or trauma);
      ii) Have risk factors for bleeding (i.e., on anticoagulant, lifestyle that predisposes member to trauma, comorbidity such as peptic ulcer disease, undergoing medical procedure where blood loss is anticipated); AND
5. Member had an inadequate response, intolerance, or contraindication to documented prior therapy with ONE of the following treatments:
   a) Corticosteroids (prednisone, prednisolone, methylprednisolone, and dexamethasone);
   b) Immunoglobulins;
   c) Splenectomy.
6. **Dosage allowed:** Administer 1 mcg/kg subcutaneously once weekly, then adjust the weekly dose by increments of 1 mcg/kg until the patient achieves a platelet count ≥ 50 x 10⁹/L. Max dose 10 mcg/kg.

*If member meets all the requirements listed above, the medication will be approved for 12 weeks.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement in platelet count from baseline; AND
3. Member’s platelet count is less than 400 x 10⁹/L.
If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers NPlate (romiplostim) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Any cause of thrombocytopenia other than chronic ITP
- Chronic Hepatitis C (CHC) Thrombocytopenia
- ITP with previous documented failure of Nplate
- Severe aplastic anemia
- Thrombocytopenia due to Myelodysplastic syndrome (MDS)

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2018</td>
<td>New policy for NPlate created. Platelets requirement threshold expanded.</td>
</tr>
</tbody>
</table>

References:


Effective date: 10/19/2018
Revised date: 10/04/2018