

RX.PA.023.MPC Nplate® (romiplostim)

The purpose of this policy is to define the prior authorization process for Nplate® (romiplostim).

Nplate® (romiplostim) is indicated for the treatment of thrombocytopenia in patients with immune thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Nplate® (romiplostim) should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate® (romiplostim) should not be used in an attempt to normalize platelet counts.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by a hematologist or oncologist
- Must be administered by or under the direction of the prescriber or a healthcare provider
- Must be age 1 year or older
- Must have a diagnosis of immune thrombocytopenic purpura (ITP).
 - Pediatric patients must have had ITP for at least 6 months.
- Must have a previous inadequate response or intolerance to corticosteroids, immunoglobulins, or a splenectomy as documented through platelet response
- Must have a platelet count $<30 \times 10^9/L$ prior to initiation

Reauthorization Criteria:

- Discontinue Nplate if the platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks of therapy at the maximum weekly dose of 10 mcg/kg
- Utilize the lowest dose of Nplate to achieve and maintain platelet count $\geq 50 \times 10^9/L$
 - If platelet count is $>200 \times 10^9/L$ for 2 consecutive weeks, reduce the dose by 1 mcg/kg
 - If the platelet count is $>400 \times 10^9/L$, do not dose. Continue to assess the platelet count weekly. After the platelet count has fallen to $<200 \times 10^9/L$, resume at a dose reduced by 1 mcg/kg.
- All prior authorization renewals are reviewed every 6 months to determine the

Medical Necessity for continuation of therapy. Authorization may be extended at 6-month intervals based upon chart documentation from the provider that the member's disease has improved based upon the prescriber's assessment and documented improvement in platelet count from baseline.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	6 months
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.

HCPCS Codes:

Code	Description
J2796	Injection, romiplostim, 10 mcg

REFERENCES

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