

Policy Name:	Nplate (romiplostim)	Policy #:	1865P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Nplate (romiplostim) for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Nplate (romiplostim) under the Specialty Medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Immune (idiopathic) Thrombocytopenia Purpura (ITP)

- 1.1 Diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP)
- 1.2 Age 1 year or older
- 1.3 Pediatric patients with ITP for at least 6 months duration
- 1.4 Insufficient response or contraindications to previous therapies for ITP (corticosteroids, immunoglobulins, OR splenectomy)

2. Coverage Criteria for Hematopoietic Syndrome of Acute Radiation Syndrome (HSARS)

- 2.1 Suspected or confirmed exposure to radiation levels > 2 gray

3. Exclusion Criteria

- 3.1 Coverage excluded if intent is to solely normalize platelet counts

4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

J2796	Injection, romiplostim, 10 micrograms
J2802	Injection, romiplostim, 1 microgram

References

1. Nplate (romiplostim) [prescribing information]. Amgen, Inc: Thousand Oaks, CA; February 2022.
2. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. Blood Adv. 2019 Dec 10;3(23):3829-3866.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.