

Department:	Pharmacy Management	Original Approval:	11/08/2018
Policy #:	PM153	Last Approval:	12/12/2018
Title:	Romiplostim (Nplate)		
Approved By:	UM Committee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

Documentation required to determine medical necessity for Romiplostim (Nplate) for subcutaneous use: History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service: -Diagnosis -Age -Prescribed by or in consultation with hematologist - Labs/diagnostics - Medication list (current and past) to include start and end dates of previous trials for treatment for chronic immune thrombocytopenic purpura (ITP).

BACKGROUND

Nplate is a man-made protein medicine used to treat low blood platelet counts in adults with chronic immune thrombocytopenia (ITP), when certain other medicines, or surgery to remove your spleen, have not worked well enough.

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i>
Medicare Members	<i>Step-utilization of Part D drugs not required.</i>

Coverage of **Romiplostim (Nplate)** is recommended in those who meet the following criteria:
FDA-Approved Indication:

Chronic Immune (Idiopathic) Thrombocytopenic Purpura (ITP)

Criteria:

1. Patient has diagnosis of chronic immune thrombocytopenic purpura (ITP); **AND**
 2. Patient has a history of failure, contraindication, or intolerance to at least ONE of the following:
 - a. Corticosteroids; **OR**
 - b. Immunoglobulins; **OR**
 - c. Splenectomy
- A) Initial approval- Approve for 12 months

- B) Reauthorization- Approve for 12 months if there is documentation of a positive clinical response.

SPECIAL CONSIDERATIONS

None

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

Citations	1. NPLATE® (romiplostim) for injection, for subcutaneous use Initial U.S. Approval: 2008 [prescribing information]. Thousand Oaks, California: Amgen Inc; October 2017.
CFR	
WAC	WAC 284-43-2050
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH <input checked="" type="checkbox"/> IMC <input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
11/08/2018	New Policy	Jennifer Farley, Pharm.D.
11/08/2018	Approval	UM Pharmacy Subcommittee

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