

POLICY NAME	Nplate (romiplostim)	POLICY #	1865P
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Criteria

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

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

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

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

Exclusion Criteria – Any of the following prevents coverage

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