

POLICY NAME	Nplate (romiplostim)	POLICY #	1865P
--------------------	----------------------	-----------------	-------

Criteria

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)

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

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

Exclusion Criteria – Any of the following prevents coverage

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