

romiplostim (Nplate)

HCPCS: J2802, Injection, romiplostim, 1mcg (Nplate)

LOB:	MCAL
Duration of Approval:	Hematopoietic Syndrome of Acute Radiation Syndrome (HSARS): One fill All other dx: New: Six months; COC: One year
Quantity Limit:	Per FDA-Approved/Compendia-Supported Dosing
MCG Available:	Yes
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Nplate (romiplostim) injection

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References), a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication OR a diagnosis of chemotherapy-induced thrombocytopenia (off-label supported by Drugdex/National Comprehensive Cancer Network [NCCN])
AND
2. The medication is prescribed or recommended by a hematologist or hematologist/oncologist
AND
3. **For diagnosis of HSARS:** The member has suspected or confirmed exposure to radiation levels >2 gray (Gy)
OR
4. **For diagnosis of chemotherapy-induced thrombocytopenia **off label supported by Drugdex/NCCN**:** The member meets ONE of the following:
 - a. The member's platelet count is <100,000/mm³ for at least three to four weeks following the last chemotherapy administration **OR**
 - b. The member's platelet count is <100,000/mm³ and chemotherapy administration has been delayed due to thrombocytopenia**OR**
5. **For diagnosis of immune thrombocytopenia (ITP):** The member meets ALL of the following: **(a-b)**
 - a. The member meets ONE of the following **(1, 2 or 3)**:
 - 1) The member has documentation of planned surgery and platelet count <100,000/mm³ (**Note:** If met, OK to approve for one month supply)
 - 2) The member has platelet count <30,000/mm³
 - 3) The member has platelet count <50,000/mm³ and has symptoms of active bleeding OR risk factors for bleeding (e.g., age >60 yrs, cancer, high blood pressure, diabetes, peptic ulcer disease, liver disease, use of anticoagulant or antiplatelet medication, renal impairment, anemia, bleeding history, alcoholism, gene polymorphism, previous stroke, recent surgery or head trauma)**AND**
 - b. Member meets ONE of the following **(1 or 2)**:
 - 1) Member has history of failure, contraindication, or reasons for intolerance to one previous ITP treatment such as corticosteroids (e.g. prednisone, dexamethasone), immune globulin (IVIG) or rituximab (**Note:** rituximab is not FDA-indicated for ITP)
 - 2) Member has undergone splenectomy

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References), a compendia-supported (Drugdex or AHFS) indication OR a diagnosis of chemotherapy-induced thrombocytopenia (off-label supported by Drugdex/NCCN) **AND**

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2. The medication is prescribed or recommended by a hematologist or hematologist/oncologist
AND
3. **For diagnosis of chemotherapy-induced thrombocytopenia** ****off label supported by Drugdex/NCCN****: The member has responded to therapy (e.g., increased platelet counts, decreased bleeding events, reduced need for platelet transfusions)
OR
4. **For diagnosis of ITP**: Member has responded to therapy with lab results showing ONE of the following:
 - a. Platelet count is $\geq 30,000/\text{mm}^3$
 - b. Platelet count is $< 30,000/\text{mm}^3$ but has increased from baseline, accompanied by a resolution of previous bleeding, or if risk for bleeding complications remains present

DOSAGE AND ADMINISTRATION:

Drug Name	Recommended Dosing
Nplate	Chemotherapy-induced thrombocytopenia (off-label): start at 2-4 mcg/kg weekly. Max dose: 10 mcg/kg weekly.

OTHER INFORMATION:

HPCS	Description	Brand name
J2802	Injection, romiplostim 1 microgram	Nplate

REFERENCES:

1. Nplate Prescribing Information. www.pi.amgen.com/-/media/Project/Amgen/Repository/pi-amgen-com/Nplate/nplate_pi_hcp_english.pdf. 03/2025.
2. UpToDate. Clinical applications of thrombopoietic growth factors. www.uptodate.com/contents/clinical-applications-of-thrombopoietic-growth-factors?search=nplate%20chemo&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
3. UpToDate. Initial treatment of immune thrombocytopenia (ITP) in adults. www.uptodate.com/contents/initial-treatment-of-immune-thrombocytopenia-ity-in-adults?topicRef=6678&source=see_link
4. UpToDate. Immune Thrombocytopenia (ITP) in adults: Second-line and subsequent therapies. www.uptodate.com/contents/immune-thrombocytopenia-ity-in-adults-second-line-and-subsequent-therapies?search=fostamatinib&source=search_result&selectedTitle=2~5&usage_type=default&display_rank=4. 01/2025.
5. National Comprehensive Cancer Network Hematopoietic Growth Factors. Version 3.2026. www.nccn.org/login?ReturnURL=https://www.nccn.org/professionals/physician_gls/pdf/growthfactors.pdf.
6. Neunert C, Terrell DR, Arnold DM et al. American Society of Hematology 2019 Guidelines for Immune Thrombocytopenia. Blood Adv. 2019; 3(23): 3829-3866. ashpublications.org/bloodadvances/article/3/23/3829/429213/American-Society-of-Hematology-2019-guidelines-for

P&T APPROVAL HISTORY

1. August 2018 P&T Drug Review.

UMC Review: 5/2026