Original Effective Date: 03/01/2010
Current Effective Date: 11/02/2022
Last P&T Approval/Version: 07/27/2022
Next Review Due By: 07/2023
Policy Number: C6662-A

Nplate (romiplostim)

PRODUCTS AFFECTED

Nplate (romiplostim)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Chronic immune thrombocytopenia (ITP), hematopoietic syndrome of acute radiation syndrome

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

A. CHRONIC IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA (ITP):
1. Diagnosis of relapsed/refractory chronic (>6 months) immune/idiopathic thrombocytopenic purpura (ITP)
   AND
2. Platelet count less than 20 x 10^9/L (20,000/mm3) OR less than 30 x 10^9/L with ITP whose degree of thrombocytopenia and clinical condition(s) increase the risk of bleeding (e.g., hypertension, renal insufficiency, concomitant antiplatelet agents or anticoagulant medications,

alcoholism, infections, undergoing a medical or dental procedure with blood loss anticipation, recent surgery, head trauma). [DOCUMENTATION REQUIRED]
AND

3. Documented failure, intolerance, contraindication to at least 1 course of the following ITP treatments:
   a) Corticosteroids (i.e., prednisone, methylprednisolone, dexamethasone),
      OR
   b) Intravenous immune globulin (IVIG),
      OR
   c) Immunosuppressive therapy (i.e., cyclosporine, mycophenolate mofetil, sirolimus)
      OR
   d) Has had splenectomy or is not a surgery candidate

   AND
4. Prescriber attests Nplate (romiplostim) is not being used concurrently with another thrombopoietin receptor agonist [e.g., Promacta (eltrombopag)]
   AND
5. Prescriber attests or the clinical reviewer has found the medication is NOT being used as an attempt to normalize platelet count

B. HEMATOPOIETIC SYNDROME OF ACUTE RADIATION SYNDROME (HSARS)

1. Documented diagnosis of member who has confirmed or suspected exposure to radiation levels greater than 2 Grays (Gy) [DOCUMENTATION REQUIRED]

CONTINUATION OF THERAPY:

A. CHRONIC IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA (ITP):

1. Documentation of positive clinical response to therapy as evidenced by increase in platelet count to a level sufficient to avoid clinically important bleeding OR increase or achievement of platelet count to at least ≥ 50 x 10^9/L. [DOCUMENTATION REQUIRED]
   NOTE: If the member's platelets do NOT increase enough to avoid clinically significant bleeding after 4 weeks on the maximum dose [10 mcg/kg/week], Nplate will be recommended for denial.
   AND
2. Prescriber attests member still requires romiplostim (Nplate) to maintain a platelet count sufficient to avoid clinically important bleeding.
   AND
3. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance)
   AND
4. Prescriber attests or clinical reviewer has found member does not have any intolerable adverse effects or drug toxicity

B. HEMATOPOIETIC SYNDROME OF ACUTE RADIATION SYNDROME (HSARS)

1. N/A; new authorization required.

DURATION OF APPROVAL:

CITP: Initial authorization: 3 months, Continuation of therapy:12 months HSARS:
Initial authorization: 1 month, Continuation of therapy: N/A

PRESCRIBER REQUIREMENTS:

CHRONIC IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA: Prescribed by, or in consultation with, a board-certified hematologist or physician specializing in the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP).

HEMATOPOIETIC SYNDROME OF ACUTE RADIATION SYNDROME (HSARS): Prescribed by, or in consultation with a board-certified hematologist.

[If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
ITP: 1 year * of age or older (*with ITP for at least 6 months)
HSARS: Adults and in pediatric patients (including term neonates)

QUANTITY:
ITP: Dosing not to exceed 10 mcg/kg/week – Only a 4-week supply may be dispensed per fill
HSARS: 10 mcg/kg administered once

Maximum Quantity Limits –10 mcg/kg/week

PLACE OF ADMINISTRATION:
The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous injectable products administered in a place of service that is a non-hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Thrombopoietin (TPO) Receptor Agonists

FDA-APPROVED USES:
Indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.
Indicated for the treatment of thrombocytopenia in pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy
Indicated to increase survival in adults and in pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [HS-ARS]). Limitations of Use: Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than ITP. Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate should not be used in an attempt to normalize platelet counts.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Nplate, a thrombopoietin receptor agonist, is indicated for the treatment of thrombocytopenia in patients with chronic immune thrombocytopenia purpura (ITP) who have had an insufficient response to

corticosteroids, immunoglobulins, or splenectomy. Nplate is also indicated to increase survival in adults and in pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [HS-ARS]). Some limitations of use are that Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than chronic ITP. Nplate should only be utilized in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding. Nplate should not be used in an attempt to normalize platelet counts. The initial Nplate dose is 1 mcg/kg once weekly as a subcutaneous (SC) injection by a healthcare provider. The dose should be adjusted weekly by increments of 1 mcg/kg to achieve and maintain a platelet count ≥ 50 x 109 /L as needed to reduce the bleeding risk. Do not exceed a maximum weekly dose of 10 mcg/kg. Do not dose if the platelet count is >400 x 109 /L. Discontinue Nplate if the platelet count does not increase after 4 weeks at the maximum dose. Nplate contains a Warning that in clinical trials with Nplate progression from MDS to acute myelogenous leukemia (AML) has been observed. Also, there is a Warning that thrombotic/thromboembolic complications may occur due to increases in platelet counts with Nplate therapy.

Nplate is indicated for the treatment of thrombocytopenia in patients with chronic ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. The safety and efficacy of Nplate in pediatric patients (aged < 18 years) have not been established. The pivotal trials with Nplate involved patients who had tried at least one primary ITP therapy (e.g., corticosteroids, immunoglobulins); approximately 50% of patients had undergone splenectomy. Evidence-based practice guidelines for immune thrombocytopenia from ASH (published in 2011), recommend corticosteroids or IVIG as first-line treatment for adults; splenectomy is recommended for patients who have failed corticosteroid therapy. Thrombopoietin receptor agonists are recommended for adults at risk of bleeding who relapse following splenectomy or who have a contraindication to splenectomy and who have failed at least one other therapy. At this time recommendations for use of thrombopoietin receptor agonists in children with ITP cannot be made; clinical trials have been initiated. Trials with Nplate in children are evolving Efficacy studies of Nplate could not be conducted in humans with acute radiation syndrome. Approval for this indication was based on efficacy studies conducted in animals, Nplate's effect on platelet count in healthy human volunteers and on data supporting Nplate's effect on thrombocytopenia in patients with ITP and insufficient response to corticosteroids, immunoglobulins, or splenectomy. The 10 mcg/kg dosing regimen for humans is based on population modeling and simulation analyses. For pediatric patients (including term neonates), extrapolation was based on data supporting Nplate's effect on thrombocytopeniain patients with ITP and an insufficient response to corticosteroids, immunoglobulins, or splenectomy.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Nplate (romiplostim) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than chronic ITP. Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate should not be used in an attempt to normalize platelet counts. Discontinue Nplate if the platelet count does not increase to a level sufficient to avoid clinically important bleeding after 4 weeks at the highest weekly dose of 10 mcg/kg. Contraindications to Nplate (romiplostim) include: No labeled contraindications.

OTHER SPECIAL CONSIDERATIONS:

Progression from myelodysplastic syndromes (MDS) to acute myelogenous leukemia (AML) has been observed in adult clinical trials with Nplate. Hyporesponsiveness or failure to maintain a platelet response with plate should prompt a search for causative factors, including neutralizing antibodies to Nplate.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
J2796	Injection, romiplostim, 10 micrograms

AVAILABLE DOSAGE FORMS:
Nplate Vials 125 mcg
Nplate Vials 250 mcg
Nplate Vials 500 mcg

REFERENCES

1. Nplate [package insert]. Amgen Inc. Thousand Oaks, CA. February 2022
2. Bussel JB, Kuter DJ, George JN, et al. AMG 531, a thrombopoiesis-stimulating protein, for chronic ITP. New England Journal of Medicine. 2006; 355: 1672-1681.
3. Newland A, Caulier MT, Kappers-Klunne M, et al. An open-label, unit dose finding study of AMG 531,a novel thrombopoiesis-stimulating peptibody, in patients with immune thrombocytopenia purpura. British Journal of Haematology. 2006; 135: 547-553.
4. Kuter DJ, Bussel JB, Lyons RM, et al. Efficacy of romiplostim in patients with chronic immune thrombocytopenia purpura: a double-blind randomized controlled trial. Lancet.2008;371: 395-403.
5. George JN, Woolf SH, Raskob GE. Idiopathic thrombocytopenia purpura: A practice guideline developed by explicit methods for the American Society of Hematology.Blood.1996; 88(1): 3-40.
6. British Committee for Standards In Haematology General Haematology Task Force. Guidelines for the investigation and management of idiopathic thrombocytopenic purpurainadults, children, and pregnancy. British Journal of Haematology. 2003; 120:574-596.
7. Tiu RV, Sekeres MA. The role of AMG-531 in the treatment of thrombocytopenia in idiopathic thrombocytopenic purpura and myelodysplastic syndromes. Expert Opinion on Biological Therapy. 2008: 8(7); 1021-1030.
8. Stasi R, Evangelista ML, Amadori S. Novel thrombopoietic agents, a review of their use in idiopathic thrombocytopenic purpura. Drugs. 2008: 68(7); 901-912.
9. Stasi R, Evangelista ML, Stipa E, et al. Idiopathic thrombocytopenic purpura: Current concepts in pathophysiology and management. Thrombosis and Haemostasis. 2008: 99; 4-1

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Duration of Approval Contraindications/Exclusions/Discontinuation References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file