Mass General Brigham
Health Plan

Thrombocytopenic Agents
Nplate (romiplostim)
Effective 06/01/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Nplate (romiplostim) is a TPO receptor agonist that is indicated for the treatment of thrombocytopenia in adult patients with chronic ITP who have been refractory to corticosteroids, immunoglobulins or splenectomy.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when ONE of the following criteria are met, and documentation is provided:

1. Diagnosis of chronic, relapsed, or refractory immune thrombocytopenia (ITP)*
    a. Member is ≥ 1 year of age
    b. **ONE** of the following:
        i. Platelet count < 30,000 cells/µL
        ii. Medical necessity for platelet elevation (upcoming surgery, peptic ulcer disease or condition that may predispose member to bleeding)
    c. **ONE** of the following:
        i. Inadequate response or adverse reaction to **ONE** or contraindication to **BOTH** of the following:
            1. corticosteroid
            2. immunoglobulin
        ii. Member has had a splenectomy
2. Diagnosis of HS-ARS/acute exposure to myelosuppressive doses of radiation
    a. Requested dose is 10 mcg/kg for a one-time administration

**Approvable diagnoses include idiopathic thrombocytopenic purpura, immune thrombocytopenic purpura, autoimmune thrombocytopenic purpura (ATP), and immune thrombocytopenia*

Continuation of Therapy

HS-ARS/acute exposure to myelosuppressive doses of radiation: Nplate is dosed as a **one-time** administration.
ITP: Resubmission infers a positive response to therapy.

Limitations

1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 12 months.

References

1. Nplate [package insert]. Thousand Oaks (CA): Amgen, Inc.; 2025 Feb.

Review History

Reviewed and created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.
06/14/23 – Reviewed and updated for P&T. Removed preferred product requirement. Effective 6/30/23.
05/15/25 – Reviewed and updated for P&T. Performed annual medical criteria review. Policy has been updated to better reflect agents with prior authorization on medical benefit. Updated formatting and references. Effective 6/1/25