



Drug Coverage Policy

Effective Date 11/01/2025
Coverage Policy NumberIP0155
Policy Title.....Nplate

Thrombocytopenia – Nplate

- Nplate® (romiplostim subcutaneous injection – Amgen)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see “Coding Information” below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Nplate, a thrombopoietin receptor agonist, is indicated for the treatment of:¹

- **Hematopoietic syndrome of acute radiation syndrome**, to increase survival in adults and pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation.

- **Immune thrombocytopenia (ITP), in adults** who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.
- **Immune thrombocytopenia (ITP), in pediatric patients \geq 1 year of age** with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.

Nplate should only be utilized in patients with ITP whose degree of thrombocytopenia and clinical condition increase the risk for bleeding.¹ Nplate should not be used in an attempt to normalize platelet counts.

Guidelines

Nplate is mentioned in various clinical guidelines.

- **Chemotherapy Induced Thrombocytopenia:** The National Comprehensive Cancer Network (NCCN) guidelines for hematopoietic growth factors (version 1.2025 – October 11, 2024) recommend consideration of Nplate for the management of suspected chemotherapy induced thrombocytopenia (category 2A) in addition to other modalities (e.g., platelet transfusion, chemotherapy dose reduction, or change in treatment regimen).¹⁴
- **Immune Thrombocytopenia:** The American Society of Hematology has updated guidelines for ITP (2019). For adults with ITP for at least 3 months who are corticosteroid-dependent or unresponsive to a corticosteroid, a thrombopoietin receptor agonist (Nplate or Promacta® [eltrombopag tablets and oral suspension]) or a splenectomy are recommended.² In children with newly diagnosed ITP who have non-life-threatening mucosal bleeding, corticosteroids are recommended. For children who have non-life-threatening mucosal bleeding and do not respond to first-line treatment, thrombopoietin receptor agonists are recommended.
- **Myelodysplastic Syndrome (MDS):** NCCN recommendations regarding MDS (version 2.2025 – January 17, 2025) state to consider treatment with a thrombopoietin receptor agonist in patients with lower-risk MDS who have severe or life-threatening thrombocytopenia.³ Data are available that describe the use of Nplate in patients with MDS.⁴⁻¹³ The data with Nplate are discussed noting an increased rate of platelet response and decreased overall bleeding events among patients with low to intermediate risk MDS.
- **Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy:** NCCN guidelines for the management of immunotherapy-related toxicities (version 1.2025-December 20, 2024) recommend Nplate as one of the agents to consider if the patient has a platelet count \leq 50,000/mm³ and has not had a response to systemic corticosteroids after 1 to 2 weeks.¹⁵

Coverage Policy

Policy Statement

Prior Authorization is required for benefit coverage of Nplate. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Regarding the approval duration of one dose, the approval is for 30 days, which is an adequate duration for the patient to receive one dose. Because of the specialized skills required for evaluation and

diagnosis of patients treated with Nplate as well as the monitoring required for adverse events and long-term efficacy, approval for some indications requires Nplate to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required where noted in the criteria. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information.

Nplate is considered medically necessary when ONE of the following is met (1, 2, 3, 4, or 5):

FDA-Approved Indications

- 1. Hematopoietic Syndrome of Acute Radiation Syndrome.** Approve for one dose if the patient has been acutely exposed to myelosuppressive doses of radiation.

Dosing. Approve up to 10 mcg/kg administered subcutaneously given once.

- 2. Immune Thrombocytopenia.** Approve if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient meets ONE of the following (a or b):

a) Patient has a platelet count $< 30 \times 10^9/L$ ($< 30,000/mcL$) [**documentation required**]; OR

b) Patient meets BOTH of the following [(1) and (2)]:

(1) Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$) [**documentation required**]; AND

(2) According to the prescriber the patient is at an increased risk of bleeding; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried at least one other therapy [**documentation required**]; OR

Note: Examples of therapies are systemic corticosteroids, intravenous immunoglobulin, anti-D immunoglobulin, Promacta (eltrombopag tablets and oral suspension), Tavalisse (fostamatinib tablets), Doptelet (avatrombopag tablets), or ritixumab.

b) Patient has undergone splenectomy [**documentation required**]; AND

iii. Medication is prescribed by or in consultation with a hematologist; OR

B) Patient is Currently Receiving Nplate. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. According to the prescriber the patient demonstrates a beneficial clinical response; AND

Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or a decreased frequency of bleeding episodes.

ii. Patient remains at risk for bleeding complications.

Dosing. Approve up to 10 mcg/kg subcutaneously no more frequently than once weekly.

Other Uses with Supportive Evidence

- 3. Thrombocytopenia, Chemotherapy-Induced.** Approve if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 18 years of age; AND

ii. Patient has a platelet count $< 100 \times 10^9/L$ ($< 100,000/mcL$) [**documentation required**]; AND

- iii. Patient meets ONE of the following (a or b):
 - a) Patient has thrombocytopenia at least 3 weeks after the most recent dose of chemotherapy; OR
 - b) Patient has experienced a delay in chemotherapy administration related to thrombocytopenia; AND
- iv. Medication is prescribed by or in consultation with a hematologist or an oncologist; OR
- B) Patient is Currently Receiving Nplate.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
 - i. Patient is \geq 18 years of age; AND
 - ii. Patient continues to receive treatment with chemotherapy; AND
 - iii. Patient demonstrates a beneficial clinical response according to the prescriber.
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

Dosing. Approve up to 10 mcg/kg subcutaneously no more frequently than once weekly.

4. Thrombocytopenia in Myelodysplastic Syndrome. Approve if the patient meets ONE the following (A or B):

- A) Initial Therapy.** Approve for 3 months if the patient meets ALL of the following (i, ii, and iii):
 - i. Patient has low- to intermediate-risk myelodysplastic syndrome; AND
 - ii. Patient meets ONE of the following (a or b):
 - a) Patient has a platelet count $< 30 \times 10^9/L$ ($< 30,000/mcL$) [**documentation required**]; OR
 - b) Patient meets BOTH of the following [(1) and (2)]:
 - (1) Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$) [**documentation required**]; AND
 - (2) According to the prescriber the patient is at an increased risk for bleeding; AND
 - iii. Medication is prescribed by or in consultation with a hematologist or an oncologist; OR
- B) Patient is Currently Receiving Nplate.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
 - i. According to the prescriber the patient demonstrates a beneficial clinical response; AND
Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.
 - ii. Patient remains at risk for bleeding complications.

Dosing. Approve up to 1,500 mcg subcutaneously no more frequently than twice weekly.

5. Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy. Approve for 6 months if the patient meets ONE of the following (A or B):

Note: Examples of checkpoint inhibitors are Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Yervoy (ipilimumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), and Libtayo (cemiplimab-rwlc intravenous infusion).

- A) Initial Therapy.** Approve if the patient meets ALL the following (i, ii, and iii):
 - i. Patient has tried at least one systemic corticosteroid [**documentation required**]; AND
Note: Examples of a corticosteroid include methylprednisolone and prednisone.
 - ii. Patient has a platelet count $< 50 \times 10^9/L$ ($< 50,000/mcL$) [**documentation required**]; AND
 - iii. The medication is prescribed by or in consultation with a hematologist or an oncologist; OR
- B) Patient is Currently Receiving Nplate.** Approve if according to the prescriber, the patient demonstrated a beneficial clinical response.

Note: A beneficial response can include increased platelet counts, maintenance of platelet counts, and/or decreased frequency of bleeding episodes.

Dosing. Approve up to 1,500 mcg subcutaneously no more frequently than twice weekly.

Conditions Not Covered

Nplate for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

Coding 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 Codes	Description
J2796	Injection, romiplostim, 10 mcg (Code effective until 12/31/2024)
J2802	Injection, romiplostim, 1 microgram (Code effective 1/1/2025)

References

1. Nplate® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; March 2025.
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3. The NCCN Myelodysplastic Syndromes Clinical Practice Guidelines in Oncology (Version 2.2025 – January 17, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on April 18, 2025.
4. Giagounidis A, Mufti GJ, Fenaux P, et al. Results of a randomized, double-blind study of romiplostim versus placebo in patients with low/intermediate-1-risk myelodysplastic syndrome and thrombocytopenia. *Cancer.* 2014;120:1838-1846.
5. Kantarjian HM, Giles FJ, Greenberg PL, et al. Phase 2 study of romiplostim in patients with low- or intermediate-risk myelodysplastic syndrome receiving azacitidine therapy. *Blood.* 2010;116(17):3163-3170.
6. Sekeres MA, Kantarjian H, Fenaux P, et al. Subcutaneous or intravenous administration of romiplostim in thrombocytopenic patients with lower risk myelodysplastic syndromes. *Cancer.* 2011;117:992-1000.
7. Fenaux P, Muus P, Kantarjian H, et al. Romiplostim monotherapy in thrombocytopenia patients with myelodysplastic syndromes: long-term safety and efficacy. *Br J Haematol.* 2017;178:906-913.
8. Greenberg PL, Garcia-Manero G, Moore M, et al. A randomized controlled trial of romiplostim in patients with low- or intermediate-risk myelodysplastic syndrome receiving decitabine. *Leuk Lymphoma.* 2013;54(2):321-328.
9. Kantarjian H, Fenaux P, Sekeres MA, et al. Safety and efficacy of romiplostim in patients with lower-risk myelodysplastic syndrome and thrombocytopenia. *J Clin Oncol.* 2010;28(3):437-444.
10. Wang ES, Lyons RM, Larson RA, et al. A randomized, double-blind, placebo-controlled phase 2 study evaluating the efficacy and safety of romiplostim treatment of patients with low or intermediate-1 risk myelodysplastic syndrome receiving lenalidomide. *J Hematol Oncol.* 2012;5:71.

11. Kantarjian HM, Fenaux P, Sekeres MA, et al. Long-term follow-up for up to 5 years on the risk of leukaemic progression in thrombocytopenic patients with lower-risk myelodysplastic syndromes treated with romiplostim or placebo in a randomized double-blind trial. *Lancet Haematol.* 2018;5(3):e117-e126.
12. Brierley CK Steensma DP. Thrombopoiesis-stimulating agents and myelodysplastic syndromes. *Br J Haematol.* 2015;169:309-323.
13. Prica A, Sholzberg M, Buckstein R. Safety and efficacy of thrombopoietin-receptor agonists in myelodysplastic syndromes: a systematic review and meta-analysis of randomized controlled trials. *Br J Haematol.* 2014;167:626-638.
14. The NCCN Hematopoietic Growth Factors Clinical Practice Guidelines in Oncology (Version 1.2025 – October 11, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on April 18, 2025.
15. The NCCN Management of Immunotherapy-Related Toxicities (Version 1.2025 – December 20, 2024). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on April 18, 2025.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	<p>Thrombocytopenia, Chemotherapy-Induced. Updated (i) Individual has thrombocytopenia at least 2 weeks after the most recent dose of chemotherapy for 2 week cycle regimens, (ii) Individual has thrombocytopenia at least 3 weeks after the most recent dose of chemotherapy for either 3 or 4 week cycle regimens, TO (a) Patient has thrombocytopenia at least 3 weeks after the most recent dose of chemotherapy;</p> <p>Thrombocytopenia, Chemotherapy-Induced. Updated reauthorization duration from 1 year to 6 months</p> <p>All covered uses; except Hematopoietic Syndrome of Acute Radiation Syndrome. Added 'Patient is Currently Receiving Nplate'</p> <p>All covered uses. Added dosing</p> <p>Title change from Romiplostim.</p>	08/01/2024
Selected revision	<p>Updated HCPCS Coding: Added: J2802 (Code effective 1/1/2025) & J2796 (Code effective until 12/31/2024)</p>	12/01/2024
Annual Revision	<p>Thrombocytopenia in a Patient Due to Immune Checkpoint Inhibitor Therapy: This condition and criteria for approval were added to the policy for Nplate, as well as Dosing.</p>	07/15/2025

Selected Revision	Added documentation requirements throughout the policy.	09/01/2025
Selected Revision	Removed documentation requirements for patients currently receiving Nplate	11/01/2025

The policy effective date is in force until updated or retired.

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