NPLATE

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
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<tbody>
<tr>
<td>Nplate</td>
<td>romiplostim</td>
<td>Calendar Year</td>
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</tbody>
</table>

**Approvable Criteria:**

1. Is the member’s diagnosis thrombocytopenia with chronic immune (idiopathic) thrombocytopenic purpura (ITP)?
   - If yes, continue to #2.
   - If no, do not approve.

2. Is the member’s baseline platelet count below 50,000/mL?
   - If yes, continue to #3.
   - If no, do not approve.

3. Has the member had an insufficient response to at least TWO of the following therapies: corticosteroids (i.e., dexamethasone, betamethasone, prednisone, triamcinolone, hydrocortisone), immunoglobulins (i.e., Gammagard, Gamunex, Octagam, Vivaglobin), or splenectomy within the past 6 months?
   - If yes, approve for Calendar Year.
   - If no, do not approve.

*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. Secondary causes of thrombocytopenia are not eligible for coverage. Secondary causes of thrombocytopenia include but are not limited to HIV, myelodysplastic syndrome, drug-induced or other cancers. Such use is considered experimental.*

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**SPECIALTY PHARMACY PRODUCT**

*References:*
- Nplate prescribing information. Amgen Inc; 2008 August.