

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To define coverage criteria for Promacta (eltrombopag) and Nplate (romiplostim) for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP)

## **STATEMENT OF THE POLICY**

Promacta (eltrombopag) and Nplate (romiplostim) will be covered for new starts only when the below criteria is met:

## **PROCEDURES**

### **1. Initial review**

**1.1 ALL FDA-APPROVED INDICATIONS, NOT OTHERWISE EXCLUDED FROM PART D**

### **2. Exclusion**

2.1 Coverage excluded if intent is to solely normalize platelet counts