

PriorityMedicare plans

Note: Priority Health Medicare applies CMS national and local coverage determination criteria when available for Part B drugs. If no national determination criteria or local coverage determination criteria is available for the state in which the member is receiving the services, the above prior authorization criteria must be met.

LCD L32013

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- chronic ITP
- Other – rationale for use: _____

B. What date was the patient diagnosed with chronic ITP? _____

C. Provide the results of the patient's most recent platelet count:

Date: _____
 Platelet count: _____

D. Which of the following treatments were used for the patient's chronic ITP, and what was the patient's platelet response?

- Splenectomy
 - Plate response (include dates of labs): _____
 - _____
 - What treatment-limiting ADR occurred (provide a description and the date of the reaction): _____
 - _____
 - _____

- Immunoglobulin
 - What immunoglobulin product was used? _____
 - What immunoglobulin dose was used? _____
 - How long was immunoglobulin used for? _____
 - Plate response (include dates of labs): _____
 - _____
 - _____
 - What treatment-limiting ADR occurred (provide a description and the date of the reaction): _____
 - _____
 - _____

Additional information

Nplate dosing: Starting dose is 1 mcg/kg subcutaneously once weekly. The median dose to achieve response is 2-3 mcg/kg weekly (maximum dose is 10 mcg/kg weekly). Nplate is dosed to achieve a platelet count above $50 \times 10^9/L$ (not to normal platelet levels). See table below for dose adjustments.

Dosage adjustment based on platelet response:

| Platelet response | Nplate dose |
|---|---|
| Starting Dose | 1 mcg/kg SC weekly |
| $< 50 \times 10^9/L$ | Increase dose by 1 mcg/kg/week |
| $\geq 200 \times 10^9/L$ | Reduce dose by 1 mcg/kg/week |
| $\geq 200 \times 10^9/L$ to $\leq 400 \times 10^9/L$ for 2 consecutive weeks. | |
| $> 400 \times 10^9/L$ | If platelet count is $> 400 \times 10^9/L$, do not dose. Continue to assess the platelet count weekly. After the platelet count has fallen to $< 200 \times 10^9/L$, resume Nplate at a dose reduced by 1 mcg/kg. |
| $> 400 \times 10^9/L$ after 2 weeks of therapy at lowest dose. | |
| Maximum Dose-No Response | Max dose 10 mcg/kg Discontinue if no response in 4 weeks |