

### Clinical Pharmacy Program Guidelines for Mulpleta

Program	Prior Authorization
Medication	Mulpleta <sup>®</sup> (lusutrombopag)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2018
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	12/2020

#### 1. Background:

Mulpleta (lusutrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

#### 2. Coverage Criteria:

##### **A. Thrombocytopenia**

1. **Mulpleta** will be approved based on **all** of the following criteria:

a. Diagnosis of thrombocytopenia

**-AND-**

b. Patient has chronic liver disease

**-AND-**

c. Patient is scheduled to undergo a procedure

**Authorization will be issued for 1 month.**

#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

**4. References:**

1. Mulpleta [package insert]. Florham Park, NJ: Shionogi, Inc.; April 2020.

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<b>Change Control</b>	
9/2018	New program.
10/2019	Annual review. No changes to criteria. Updated reference.
10/2020	Annual review. No change to clinical criteria. Updated reference. Added Additional Clinical Rules section.