

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2344-2
Program	Prior Authorization/Medical Necessity
Medication	Mulpleta® (lusutrombopag)
P&T Approval Date	7/2024, 7/2025
Effective Date	10/1/2025

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:**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

-AND-

d. History of failure, contraindication, or intolerance to Doptelet (avatrombopag)

Authorization will be issued for 1 month.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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.

Program	Prior Authorization/Medical Necessity – Mulpleta (lusutrombopag)
Change Control	
7/2024	New program.
7/2025	Annual review with no change to coverage criteria.