Reference number(s)
2990-A

SPECIALTY GUIDELINE MANAGEMENT

MULPLETA (lusutrombopag)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Mulpleta is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: pretreatment platelet count.

III. EXCLUSIONS

Coverage will not be provided for members with the following exclusion: concomitant use of Mulpleta with other thrombopoietin receptor agonists (e.g., Doptelet, Promacta, Nplate) or with spleen tyrosine kinase inhibitors (e.g., Tavalisse).

IV. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a hematologist, hepatologist or gastroenterologist.

V. CRITERIA FOR INITIAL APPROVAL

Thrombocytopenia in chronic liver disease
Authorization of 30 days may be granted for treatment of thrombocytopenia in members with chronic liver disease when both of the following criteria are met:
A. Member has an untransfused platelet count of less than 50 x 10^9/L taken within 14 days of the request.
B. Member is scheduled to undergo a procedure.

VI. CONTINUATION OF THERAPY

Continuation of therapy, defined as use beyond the initial approval for the same procedure, is not approvable. All members (including new members) requesting authorization due to newly scheduled procedure must meet all initial authorization criteria.

VII. REFERENCES

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