

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

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

**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<sup>a</sup>:**

**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.**

<sup>a</sup> 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)
<b>Change Control</b>	
7/2024	New program.