

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1259-7
Program	Prior Authorization/Notification
Medication	Mulpleta® (lusutrombopag)
P&T Approval Date	9/2018, 10/2019, 10/2020, 10/2021, 10/2022, 10/2023, 10/2024
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^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

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.

4. References:

1. Mulpleta [Package Insert]. Florham Park, NJ: Shionogi, Inc.; April 2020.

Program	Prior Authorization/Notification - Mulpleta (lusutrombopag)
Change Control	
9/2018	New program.
10/2019	Annual review with no change to clinical coverage criteria. Update to reference.
10/2020	Annual review. No change to clinical criteria. Updated reference.
10/2021	Annual review with no change to clinical coverage criteria.
10/2022	Annual review with no change to clinical coverage criteria. Added state mandate footnote.
10/2023	Annual review with no change to clinical coverage criteria.
10/2024	Annual review with no change to clinical coverage criteria.