PHARMACY POLICY STATEMENT **North Carolina Marketplace**	
DRUG NAME	Mulpleta (lusutrombopag)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include Promacta and Doptelet QUANTITY LIMIT— 7 tablets
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Mulpleta (lusutrombopag) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

THROMBOCYTOPENIA (with chronic liver disease)

For **initial** authorization:

1. Member is 18 years of age or older with diagnosis of thrombocytopenia with chronic liver disease and is scheduled to undergo a procedure; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member's platelet count is < $50x10^9$/L; AND
4. Member does **not** have ANY of the following:
   a) Thrombosis;
   b) Hematologic disorders;
   c) Significant cardiovascular disease;
   d) History of any of the following: splenectomy, liver transplantation, portal vein embolism or thrombosis, HIV, congenital or acquired thrombotic disease, Budd Chiari syndrome, coagulation factor deficiency or von Willebrand factor deficiency;
   e) Blood transfusion within 14 days;
   f) Any of the following drugs or therapies within 90 days: anticancer drugs, interferon preparations, radiation therapy, exsanguination, other thrombopoietin receptor agonist, any investigational agent;
   g) Pregnancy or lactation.
5. **Dosage allowed:** 3 mg once daily for 7 days. Begin Mulpleta dosing 8-14 days prior to a scheduled procedure. Member should undergo their procedure 2-8 days after the last dose.

If member meets all the requirements listed above, the medication will be approved for 1 month.

For **reauthorization**:

1. Mulpleta will not be reauthorized.

CareSource considers Mulpleta (lusutrombopag) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Thrombocytopenia due to Myelodysplastic syndrome (MDS)
- Hematopoietic tumor
- Aplastic anemia
- Myelofibrosis
- Congenital thrombocytopenia
- Drug-induced thrombocytopenia
- Generalized infection requiring treatment except for viral liver disease
- Immune thrombocytopenia

DATE	ACTION/DESCRIPTION
07/24/2019	New policy for Mulpleta created.
11/17/2021	Annual review, no changes

References:

1. Mulpleta [prescribing information]. Florham Park, NJ: Shionogi Inc.; May, 2019.
2. Terrault et al. Avatrombopag Before Procedures Reduces Need for Platelet Transfusion in Patients With Chronic Liver Disease and Thrombocytopenia. Gastroenterology 2018;155:705–718.
3. ClinicalTrials.gov. Identifier: NCT02389621. Safety and Efficacy Study of Lusutrombopag for Thrombocytopenia in Patients With Chronic Liver Disease Undergoing Elective Invasive Procedures (L-PLUS 2). Available at: https://clinicaltrials.gov/ct2/show/NCT02389621?term=lusutrombopag&rank=1.
4. ClinicalTrials.gov. Identifier: NCT01129024. An Open-label Safety Study of S-888711. Available at: https://clinicaltrials.gov/ct2/show/NCT01129024?term=lusutrombopag&rank=2.

Effective date: 01/01/2023
Revised date: 11/17/2021