

Policy Name:	Mulpleta (lusutrombopag)	Policy#:	2678P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Mulpleta (lusutrombopag).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Mulpleta (lusutrombopag) if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of thrombocytopenia (low platelet levels) related to chronic liver disease
- 1.2 Age 18 years or older
- 1.3 Patient scheduled to undergo a medical or dental procedure expected to cause major bleeding within the next 30 days
- 1.4 Baseline platelet count less than 50,000 platelets/mcL

2. Exclusion Criteria

- 2.1 Simultaneous therapy or approval with Doptelet
- 2.2 Coverage is excluded if intent is to solely raise platelet counts

3. Approval Period

- 3.1 7-day supply of therapy over 6 month approval period

CPT Codes

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HCPCS Codes

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References

- 1. Mulpleta (lusutrombopag) [prescribing information]. Florham Park, NJ: Shionogi Inc; April 2020.
- 2. Shirley M, McCafferty EH, Blair HA. Lusutrombopag: A Review in Thrombocytopenia in Patients with Chronic Liver Disease Prior to a Scheduled Procedure. *Drugs*. 2019 Oct;79(15):1689-1695.
- 3. Nishida Y, Kawaoka T, Imamura M, et al. Efficacy of lusutrombopag for thrombocytopenia in patients with chronic liver disease scheduled to undergo invasive procedures. *Intern Med*. 2021;60(6):829-837.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.