



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LUSUTROMBOPAG

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LUSUTROMBOPAG	MULPLETA	45127		GPI-10 (8240504500)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of thrombocytopenia and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, endocrinologist, or surgeon
 - The patient has chronic liver disease
 - The patient is scheduled to undergo a procedure 8 to 14 days following initiation of Mulpleta (lusutrombopag) therapy
 - The patient has a platelet count of less than 50×10^9 cells/L measured within the last 30 days
 - The patient is not receiving other thrombopoietin receptor agonist therapy (e.g., avatrombopag, romiplostim, eltrombopag)

If yes, **approve for 1 fill by HICL or GPI-10 with a quantity limit of #7 tablets.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LUSUTROMBOPAG (Mulpleta)** requires the following rule(s) be met for approval:

- A. You have thrombocytopenia (a type of blood disorder)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with a hematologist (a type of blood doctor), gastroenterologist (a doctor who treats digestive conditions), hepatologist (a type of liver doctor), immunologist (a type of immune system doctor), endocrinologist (a type of hormone doctor), or surgeon
- D. You have chronic liver disease
- E. You are scheduled to undergo a procedure 8 to 14 days after starting Mulpleta (lusutrombopag) therapy
- F. You have a platelet count of less than 50×10^9 cells/L measured within the last 30 days
- G. You are not receiving other thrombopoietin receptor agonist therapy, such as avatrombopag, romiplostim, eltrombopag

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Mulpleta.

REFERENCES

- Mulpleta [Prescribing Information]. Florham Park, NJ: Shionogi & Co, Ltd. May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 11/18

Client Approval: 02/22

P&T Approval: 01/22