



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LUSUTROMBOPAG

Generic	Brand	HICL	GCN	Exception/Other
LUSUTROMBOPAG	MULPLETA	45127		

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
 - 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 medication is prescribed by or in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, or endocrinologist
 - The patient is not receiving other thrombopoietin receptor agonist therapy (e.g., avatrombopag, romiplostim, eltrombopag)

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

If no, do not approve.

DENIAL TEXT: The guideline named **LUSUTROMBOPAG (Mulpleta)** requires a diagnosis of thrombocytopenia. In addition, the following criteria must be met:

- The patient is 18 years of age or older
- 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 medication is prescribed by or in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, or endocrinologist
- The patient is not receiving other thrombopoietin receptor agonist therapy (e.g., avatrombopag, romiplostim, eltrombopag)

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. July 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/19

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