



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

## DRUG POLICY

# Mulpleta (lusutrombopag)

### NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

### BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

### DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications

Mulpleta 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.

### POLICY

#### Documentation

Submission of the following information is necessary to initiate the prior authorization review for thrombocytopenia in chronic liver disease:

- Pretreatment platelet count

#### Exclusions

Coverage will not be provided for members with the following exclusion:

- Concomitant use of Mulpleta with other thrombopoietin receptor agonists (e.g., Doptelet, Promacta, Nplate) or with spleen tyrosine kinase inhibitors (e.g., Tavalisse).

#### Prescriber Specialties

This medication must be prescribed by or in consultation with a hematologist, hepatologist or gastroenterologist.

### Criteria for Initial Approval

#### **Thrombocytopenia in chronic liver disease**

Authorization of 30 days may be granted for treatment of thrombocytopenia in members with chronic liver disease when ALL of the following criteria are met:

1. Member has an untransfused platelet count of less than  $50 \times 10^9/L$  taken within 14 days of the request
2. Member is scheduled to undergo a procedure

### Continuation of Therapy

#### **Thrombocytopenia in chronic liver disease**

Continuation of therapy, defined as use beyond the initial approval for same procedure, is not approvable. All members (including new members) requesting authorization due to newly scheduled procedure must meet all initial authorization criteria.

Mulpleta (lusutrombopag) is considered **not medically necessary** for members who do not meet the criteria set forth above.

### Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

### Quantity Limits

Medication Name	Quantity Limit	FDA-recommended dosing
Mulpleta (lusutrombopag) 3 mg tablets	7 tablets per 14 days	Begin lusutrombopag 8 to 14 days prior to scheduled procedure with procedure to take place 2 to 8 days after last lusutrombopag dose. Lusutrombopag 3 mg should be taken once daily for 7 days.

## PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT\* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

## REFERENCES

1. Mulpleta [package insert]. Florham Park, NJ: Shionogi Inc.; April 2020.

## POLICY HISTORY

**Policy #:** 05.04.92

**Original Effective Date:** May 17, 2023

**Reviewed:** October 2023

**Revised:**

**Current Effective Date:** May 17, 2023