

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2025 P 1259-8 |
| Program | Prior Authorization/Notification |
| Medication | Mulpleta® (lusutrombopag) |
| P&T Approval Date | 9/2018, 10/2019, 10/2020, 10/2021, 10/2022, 10/2023, 10/2024, 10/2025 |
| Effective Date | 12/1/2025 |

1. Background:

Mulpleta (lusutrombopag) 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.

2. Coverage Criteria^a:

A. Thrombocytopenia

1. **Mulpleta** will be approved based on **all** of the following criteria:

a. Diagnosis of thrombocytopenia

-AND-

b. Patient has chronic liver disease

-AND-

c. Patient is scheduled to undergo a procedure

Authorization will be issued for 1 month.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Mulpleta [Package Insert]. Florham Park, NJ: Shionogi, Inc.; April 2020.

| Program | Prior Authorization/Notification - Mulpleta (lusutrombopag) |
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| Change Control | |
| 9/2018 | New program. |
| 10/2019 | Annual review with no change to clinical coverage criteria. Update to reference. |
| 10/2020 | Annual review. No change to clinical criteria. Updated reference. |
| 10/2021 | Annual review with no change to clinical coverage criteria. |
| 10/2022 | Annual review with no change to clinical coverage criteria. Added state mandate footnote. |
| 10/2023 | Annual review with no change to clinical coverage criteria. |
| 10/2024 | Annual review with no change to clinical coverage criteria. |
| 10/2025 | Annual review with no change to clinical coverage criteria. |