

Pharmacy Policy

Mulpleta

Policy Number: 9.627

Version Number: 2.0

Version Effective Date: 3/1/2022

Product Applicability <input type="checkbox"/> All Plan+ Products	
Well Sense Health Plan <input type="checkbox"/> New Hampshire Medicaid	Boston Medical Center HealthNet Plan <input type="checkbox"/> MassHealth- MCO <input type="checkbox"/> MassHealth- ACO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Mulpleta (lusutrombopag)**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Required Medical Information	<ol style="list-style-type: none"> 1. Member is 18 years of age and older; AND 2. Diagnosis of thrombocytopenia with chronic liver disease; AND 3. Undergoing a scheduled medical or dental procedure within the next 30 days; AND 4. Baseline platelet count is less than 50,000 platelets per microliter; AND 5. Will not be used as dual therapy with Doptelet
Coverage Duration	1 month

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Applicable Coding:

Clinical Background Information and References

1. Brown RS Jr. Current Management of Thrombocytopenia in Chronic Liver Disease. Gastroenterol Hepatol (N Y). 2019;15(3):155-157.
2. Mulpleta (lustutrombopaq) Prescribing Information. Shionogi, Inc. Florham Park, NC 27709. Accessed Sept. 2021.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	Policy created	1/1/2021	P&T Committee
11/11/2021	No recommended changes.	3/1/2022	P&T Committee

Next Review Date

2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.