AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Mulpleta	Page:	1 of 1
Effective Date:	1/13/2025	Last Review Date:	11/25/2024
Applies to:	☒Illinois ☒Florida Kids	☒New Jersey ☒Pennsylvania Kids	☒Maryland ☒ Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Mulpleta under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Mulpleta is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Mulpleta

Policy/Guideline:

I. Exclusion

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

Criteria for Initial Approval:

II. Authorization may be granted for thrombocytopenia in chronic liver disease when the following criteria are met:

- Documentation that member has an untransfused platelet count of less than 50 x 109/L taken within 14 days of the request
- Member is scheduled to undergo a procedure
- Medication is prescribed by or is in consultation with a hematologist, hepatologist or gastroenterologist

Criteria for Continuation of Therapy

III. Thrombocytopenia in chronic liver disease:

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

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 30 days

Quantity Level Limit: 7 tablets per 14 days

References:

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