Doptelet® (avatrombopag)
Mulpleta® (lusutrombopag)
Effective 12/01/20

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Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

Specialty Medications
All Plans
Phone: 866-814-5506
Fax: 866-249-6155

Non-Specialty Medications
MassHealth
Phone: 877-433-7643
Fax: 866-255-7569

Commercial
Phone: 800-294-5979
Fax: 888-836-0730

Exchange
Phone: 855-582-2022
Fax: 855-245-2134

Medical Specialty Medications (NLX)
All Plans
Phone: 844-345-2803
Fax: 844-851-0882

Exceptions
N/A

Overview
Doptelet and Mulpleta are thrombopoietin receptor agonists indicated for the treatment of thrombocytopenia in adults.

Coverage Guidelines

Doptelet
Authorization may be granted for members who are currently receiving treatment with Doptelet for treatment of chronic immune thrombocytopenia (ITP) excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if all the following criteria is met and documentation has been submitted:

1. The member is at least 18 years of age
2. The member has diagnosis of chronic ITP
3. The member has platelet counts of <30,000 cells/microliter
4. The member has had an inadequate response, adverse reaction or contraindication to one corticosteroid and immunoglobulin OR the member has had a splenectomy.

OR

1. The member has a diagnosis of chronic liver disease and thrombocytopenia
2. The member is at least 18 years of age
3. The member has a platelet count of < 50,000 cells/microliter AND
4. The member is scheduled to undergo a procedure (date of planned procedure is documented)

Therapy should be initiated 10-13 days prior to scheduled procedure.
**Mulpleta**
Authorization may be granted if all the following criteria is met and documentation has been submitted:

1. The member is at least 18 years of age
2. The member has a diagnosis of chronic liver disease and thrombocytopenia
3. The member has a platelet count of <50,000 cells/microliter
4. The member is scheduled to undergo a procedure (date of planned procedure is documented)

Therapy should be initiated 8-14 days prior to scheduled procedure.

**Continuation of Therapy**
Reauthorizations for members with a diagnosis of Chronic ITP require documentation of improvement in platelet counts.

**Limitations**

1. Approvals for members with a diagnosis of chronic liver disease and thrombocytopenia who will be undergoing a procedure, will be issued for 1 month for one course of therapy per authorization
2. Initial and reauthorizations for members with a diagnosis of Chronic ITP will be issued for 6 months
3. The following quantity limits apply:

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<tr>
<th>Product</th>
<th>Limitation</th>
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<tr>
<td>Doptelet</td>
<td>10 tablets for members with platelet count of 40,000 to &lt;50,000 cells/microliter per procedure</td>
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<td>15 tablets for members with platelet count of &lt;40,000 cells/microliter per procedure</td>
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<tr>
<td>Mulpleta</td>
<td>7 tablets per procedure</td>
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<td>Doptelet (ITP)</td>
<td>#60 tablets per 30 days</td>
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**References**

1. Doptelet (avatrombopag) [prescribing information]. Durham, NC: Dova Pharmaceuticals, Inc; Revised: June 2019
2. Mulpleta (lusutrombopag) [prescribing information]. Florham Park, NJ: Shionogi Inc; April 2020

**Review History**
02/20/2019 – Approved by P&T
09/18/2019 - Added new indication of treatment of chronic ITP
09/16/2020 – Updated and Reviewed Sept P&T Mtg; Updated Platelet count for chronic ITP <30,000; references updated. Effective 12/1/20

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