

Pharmacy Drug Policy Checklist

POLICY NAME Mulpleta (lusutrombopag) POLICY #	POLICY NAME	
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Criteria		
Exclusion Criteria – Any of the following prevents coverage		
	2.1 Simultaneous therapy or approval with Doptelet	
	2.2 Coverage is excluded if intent is to solely raise platelet counts	
Coverage Criteria		
	1.1 Diagnosis of thrombocytopenia (low platelet levels) related to chronic liver disease	
	1.2 Age 18 years or older	
	1.3 Patient scheduled to undergo a medical or dental procedure expected to cause major bleeding within the next 30 days	
	1.4 Baseline platelet count less than 50,000 platelets/mcL	