Mass General Brigham
Health Plan

Doptelet® (avatrombopag)
Mulpleta® (lusutrombopag)
Effective 01/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**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
Authorization may be granted for members new to the plan who are currently receiving treatment with the Doptelet or Mulpleta 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:

Doptelet
1. The member is at least 18 years of age
2. The member has diagnosis of Chronic immune thrombocytopenia (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:

Doptelet	10 tablets for members with platelet count of 40,000 to <50,000 cells/microliter per procedure 15 tablets for members with platelet count of <40,000 cells/microliter per procedure
Mulpleta	7 tablets per procedure
Doptelet (ITP)	#60 tablets per 30 days

References

1. Doptelet (avatrombopag) [prescribing information]. Durham, NC: Aker Inc; July 2021.
2. Mulpleta (lusutrombopag) [prescribing information]. Florham Park, NJ: Shionogi Inc; April 2020
3. Bussel JB, Kuter DJ, Aledort LM, et al. A randomized trial of avatrombopag, an investigational thrombopoietin-receptor agonist, in persistent and chronic immune thrombocytopenia. Blood 2014; 123:3887.
4. Bylsma LC, Fryzek JP, Cetin K, et al. Systematic literature review of treatments used for adult immune thrombocytopenia in the second-line setting. Am J Hematol 2019; 94:118.
5. Terrault N, Chen YC, Izumi N, et al. Avatrombopag Before Procedures Reduces Need for Platelet Transfusion in Patients with Chronic Liver Disease and Thrombocytopenia. Gastroenterology 2018; 155:705.
6. Katsube T, Ishibashi T, Kano T, Wajima T. Population Pharmacokinetic and Pharmacodynamic Modeling of Lusutrombopag, a Newly Developed Oral Thrombopoietin Receptor Agonist, in Healthy Subjects. Clin Pharmacokinet 2016; 55:1423.
7. Kim ES. Lusutrombopag: First Global Approval. Drugs 2016; 76:155.
8. Maan R, de Knegt RJ, Veldt BJ. Management of thrombocytopenia in chronic liver disease: focus on pharmacotherapeutic strategies. Drugs. 2015; 75:1981-92.

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
09/22/2021 – Reviewed Sept P&T; started and stabilized statement updated to include members to new the plan. Effective 01/01/2022
09/21/2022 – Reviewed at Sept P&T; references updated; Separated out Comm/Exch vs. MH.