

AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Mulpleta	Page:	1 of 2
Effective Date:	1/1/2026	Last Review Date:	11/2025
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 Indication¹

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:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Immune thrombocytopenia:

For initial requests: Untransfused platelet count

Prescriber Specialties

This medication must be prescribed by or in consultation with a hematologist, hepatologist, or gastroenterologist.

Exclusions

Coverage will not be provided when Mulpleta will be used concomitantly with other thrombopoietin receptor agonists (e.g., Doptelet, Promacta, Alvaiz, Nplate) or spleen tyrosine kinase inhibitors (e.g., Tavalisse).

Coverage Criteria

Thrombocytopenia in chronic liver disease¹

Authorization of 30 days may be granted for treatment of thrombocytopenia in members with chronic liver disease when both of the following criteria are met:



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- Member has an untransfused platelet count of less than $50 \times 10^9/L$ taken within 14 days of the request.
- Member is scheduled to undergo a procedure.

Continuation of Therapy

Continuation of therapy, defined as use beyond the initial approval for the same procedure, is not approvable. All members (including new members) requesting authorization due to newly scheduled procedure must meet all requirements in the coverage criteria.

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.