

DOPTelet (avatrombopag, oral)

Diagnosis Considered for Coverage:

- Treatment of thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure
- Chronic immune thrombocytopenia (ITP)

Coverage Criteria:

For thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure that may cause bleeding:

- Patient is at least 18 years old, **and**
- Current platelet count is less than 50,000 cells/mcl, **and**
- Patient is scheduled for upcoming medical or dental procedure, **and**
- Patient has a chronic liver disease, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: 5 days

For chronic immune thrombocytopenia (ITP):

Initial Request

- Patient is at least 18 years old, **and**
- Platelet count is less than 30,000 cells/mcl, **and**
- Not being used in combination with another thrombopoietin receptor agonist (TPO-RA) (e.g. Promacta, Nplate), **and**
- Inadequate response to intolerable side effect to ONE of the following therapies: corticosteroids, IVIG, anti-D antibody (e.g. WinRho SDF, Rhophylac), and splenectomy OR contraindication to corticosteroids, IVIG, and anti-D antibody, **and**
- Inadequate response, intolerable side effect, or contraindication to the preferred product Promacta, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: 3 months

Reauthorization

- Patient platelet count has increased or stabilized from baseline **and**
- Not being used in combination with another thrombopoietin receptor agonist (Promacta, Nplate), **and**
- Dose does not exceed FDA label maximum.

	<u>Coverage Duration:</u> one year	
Coverage Duration: see specific criteria		
Effective Date: 11/30/2022		