



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AVATROMBOPAG

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AVATROMBOPAG MALEATE	DOPTELET	44942		GPI-10 (8240501020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of thrombocytopenia and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, surgeon, or endocrinologist
 - The patient has chronic liver disease
 - The patient is scheduled to undergo a procedure 10 to 13 days following the initiation of Doptelet therapy
 - The patient has a platelet count of $<50 \times 10^9/L$ measured within the last 30 days
 - The patient is NOT receiving other thrombopoietin receptor agonist therapy (e.g., Promacta)

If yes, **approve by HICL or GPI-10 for 1 fill with a quantity limit of #15.**

If no, continue to #2.

2. Does the patient have a diagnosis of chronic immune thrombocytopenia (cITP) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with a hematologist or immunologist
 - The patient had a trial of or contraindication to corticosteroids or immunoglobulins OR had an insufficient response to splenectomy

If yes, **approve for 2 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

DENIAL TEXT: See the initial denial text at the end of the guideline.

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AVATROMBOPAG

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it

Our guideline named **AVATROMBOPAG (Doptelet)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
 - a. Thrombocytopenia (a type of blood disorder)
 - b. Chronic immune thrombocytopenia (immune system attacks your blood platelets)
- B. **If you have thrombocytopenia, approval also requires:**
 - 1. You are 18 years of age or older
 - 2. Therapy is prescribed by or in consultation with a hematologist (a type of blood doctor), gastroenterologist (doctor who treats digestive conditions), hepatologist (a type of liver doctor), immunologist (a type of immune system doctor), surgeon, or endocrinologist (a type of hormone doctor)
 - 3. You have chronic (long-term) liver disease
 - 4. You are scheduled to undergo a procedure 10 to 13 days after starting Doptelet therapy
 - 5. You have a platelet (type of blood cell that prevents bleeding) count of less than $50 \times 10^9/L$ measured within the last 30 days
 - 6. You are NOT receiving other thrombopoietin receptor agonist therapy such as Promacta
- C. **If you have chronic immune thrombocytopenia (cITP), approval also requires:**
 - 1. You are 18 years of age or older
 - 2. Therapy is prescribed by or in consultation with a hematologist (a type of blood doctor) or immunologist (a type of immune system doctor)
 - 3. You had a trial of or contraindication (harmful for) to corticosteroids or immunoglobulins OR you had an insufficient response to splenectomy (surgical removal of spleen did not work)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

NOTE: For the diagnosis of thrombocytopenia in chronic liver disease, please refer to the Initial Criteria section.

1. Does the patient have a diagnosis of chronic immune thrombocytopenia (cITP) **AND** meet the following criterion?
 - Patient had a clinical response to therapy as defined by an increase in platelet count to at least 50 x 10⁹/L (at least 50,000 per microliter), compared to baseline.

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AVATROMBOPAG (Doptelet)** requires the following rule(s) be met for renewal:

- A. You have a diagnosis of chronic immune thrombocytopenia (immune system attacks your blood platelets)
- B. You had a clinical response to therapy as defined by an increase in platelet count to at least 50 x 10⁹/L (at least 50,000 per microliter), compared to baseline.

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Doptelet.

REFERENCES

- Doptelet [prescribing information]. Durham, NC. Dova Pharmaceuticals, Inc. July 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

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P&T Approval: 01/22