AVATROMBOPAG

Generic	Brand	HICL	GCN	Exception/Other
AVATROMBOPAG	DOPTELET	44942		

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
   - 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 medication is prescribed by or given in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, or endocrinologist
   - The patient is not receiving other thrombopoietin receptor agonist therapy (e.g., Promacta)

   If yes, **approve for 1 fill with a quantity limit of #15 tablets by HICL.**
   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
   - The patient had a trial of or contraindication to corticosteroids or immunoglobulins **OR** had an insufficient response to splenectomy
   - The medication is prescribed by or given in consultation with a hematologist or immunologist

   If yes, **approve for 2 months by HICL with a quantity limit of #2 tablets per day.**
   APPROVAL TEXT: Renewal requires a clinical response to therapy as defined by an increase in platelet count to at least 50 x 10(9)/L (at least 50,000 per microliter), compared to baseline.

   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: The guideline named **AVATROMBOPAG (Doptelet)** requires a diagnosis of thrombocytopenia or chronic immune thrombocytopenia (cITP). In addition, the following criteria must be met:

For diagnosis of thrombocytopenia, approval requires:

- The patient is 18 years of age or older
- 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 less than 50 x 10(9)/L measured within the last 30 days
- The medication is prescribed by or given in consultation with a hematologist, gastroenterologist, hepatologist, immunologist, or endocrinologist
- The patient is not receiving other thrombopoietin receptor agonist therapy (e.g., Promacta)

For diagnosis of chronic immune thrombocytopenia (cITP), approval requires:

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to corticosteroids or immunoglobulins **OR** had an insufficient response to splenectomy
- The medication is prescribed by or given in consultation with a hematologist or immunologist

RENEWAL CRITERIA

NOTE: For the diagnoses of thrombocytopenia, 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 10^9/L (at least 50,000 per microliter), compared to baseline.

     If yes, **approve for 12 months by HICL with a quantity limit of #2 tablets per day.**
     If no, do not approve.
     RENEWAL DENIAL TEXT: The guideline named **AVATROMBOPAG (Doptelet)** requires a diagnosis of chronic immune thrombocytopenia (cITP). In addition, the following criterion must be met:
     - Patient had a clinical response to therapy as defined by an increase in platelet count to at least 50 x 10(9)/L (at least 50,000 per microliter), compared to baseline

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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. June 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/19
Created: 08/18
Client Approval: 08/19
P&T Approval: 07/19