

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Doptelet (avatrombopag)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial and Maintenance Requests: 1 year

Medications	Quantity Limit
Doptelet (avatrombopag)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Doptelet (avatrombopag) may be approved if the following are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is diagnosed with thrombocytopenia; **AND**
- III. Individual has a platelet count of less than 50 X 10⁹/L; **AND**
- IV. Individual has chronic liver disease; **AND**
- V. Individual is using prior to a planned procedure.

Requests for initial therapy with Doptelet (avatrombopag) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual is diagnosed with chronic immune thrombocytopenia (ITP); **AND**
- III. Individual has had a prior trial and insufficient response to **one** of the following:
 - A. Corticosteroids; **OR**
 - B. Immunoglobulins (for example IVIg, anti-D); **OR**
 - C. Splenectomy (ASH, 2011);

AND

- IV. Individual has a platelet count of less than 30 X 10⁹/L.

Maintenance therapy requests for Doptelet (avatrombopag) may be approved if the following criteria are met:

- I. Individual has a diagnosis of chronic immune thrombocytopenia (ITP); **AND**

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- II. Continuation of treatment is to maintain an adequate platelet count of (50 – 100 X 10⁹/L)* to decrease the risk of bleeding.

*Note: If platelet count is greater than 100 X 10⁹/L, adjust the dose using a cut-off platelet level of 100 X10⁹/L as a substitute for 200 X 10⁹/L in the US food and Drug Administration (FDA) dosage and administration recommendations.

Doptelet (avatrombopag) may not be approved for the following:

- I. Used to normalize platelet counts.

Key References:

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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Hicks LK, Bering H, Carson KR, et al. Five hematologic tests and treatments to question. *Blood*. 2014; 124(24):3524-3528. Available from: <http://www.bloodjournal.org/content/bloodjournal/124/24/3524.full.pdf?sso-checked=true>. Accessed on: March 21, 2019.
5. Jurczak W, Chojnowski K, Mayer J, Phase 3 randomised study of avatrombopag, a novel thrombopoietin receptor agonist for the treatment of chronic immune thrombocytopenia. *Br J Haematol*. 2018 Nov;183(3):479-490. doi: 10.1111/bjh.15573. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/bjh.15573>
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
7. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 13, 2020.
 - a. Myelodysplastic Syndromes. V2.2020. Revised February 28, 2020.
8. Neunert C, Terrell DR, Arnold DM, et al. The American Society of Hematology (ASH) 2019 evidence-based practice guideline for immune thrombocytopenia. *Blood Adv*. 2019; 3(23):3829-3866. Available from: <https://ashpublications.org/bloodadvances/article/3/23/3829/429213/American-Society-of-Hematology-2019-guidelines-for>. Accessed on: April 13, 2020.
9. Olnes MJ, Scheinberg P, Calvo KR, et al. Eltrombopag and Improved Hematopoiesis in Refractory Aplastic Anemia. *N Engl J Med*. 2012; 367 (1):11-19. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1200931>.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.