

Standard Guideline Management

Doptelet

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Doptelet	avatrombopag

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

- Treatment of Thrombocytopenia in Patients with Chronic Liver Disease (CLD)
Doptelet is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.
- Treatment of Thrombocytopenia in Patients with Chronic Immune Thrombocytopenia (ITP)
Doptelet is indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.
- Treatment of Thrombocytopenia in Pediatric Patients with Persistent or Chronic Immune Thrombocytopenia (ITP):
Doptelet is indicated for the treatment of thrombocytopenia in patients 1 year and older with persistent or chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.

All other indications are considered experimental/investigational and not medically necessary.

Documentation

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

- Thrombocytopenia in chronic liver disease: Untransfused platelet count for initial requests
- Immune thrombocytopenia:
 - For initial requests: Untransfused platelet count
 - For continuation requests: Current platelet count

Exclusions

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

Prescriber Specialties

This medication must be prescribed by or in consultation with either of the following:

- Thrombocytopenia in chronic liver disease: hematologist, hepatologist, or gastroenterologist
- Immune thrombocytopenia: hematologist or oncologist

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:

- 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.

Immune thrombocytopenia (ITP)¹⁻⁵

Authorization of 6 months may be granted for treatment of ITP when both of the following criteria are met:

- Member has had an inadequate response or intolerance to prior therapy (e.g., corticosteroids, immunoglobulins).

- Member has an untransfused platelet count at any point prior to the initiation of the requested medication of either of the following:
 - Less than $30 \times 10^9/L$
 - $30 \times 10^9/L$ to $50 \times 10^9/L$ with symptomatic bleeding (e.g., significant mucous membrane bleeding, gastrointestinal bleeding or trauma) or risk factors for bleeding (see Appendix)

Continuation of Therapy

Thrombocytopenia in chronic liver disease¹

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 initial authorization criteria.

Immune thrombocytopenia (ITP)¹⁻⁵

- Authorization of 3 months may be granted to members with current platelet count less than $50 \times 10^9/L$ for whom the platelet count is not sufficient to prevent clinically important bleeding and who have not received a maximal Doptelet dose for at least 4 weeks.
- Authorization of 12 months may be granted to members with current platelet count less than $50 \times 10^9/L$ for whom the current platelet count is sufficient to prevent clinically important bleeding.
- Authorization of 12 months may be granted to members with current platelet count of $50 \times 10^9/L$ to $200 \times 10^9/L$.
- Authorization of 12 months may be granted to members with current platelet count greater than $200 \times 10^9/L$ to less than or equal to $400 \times 10^9/L$ for whom Doptelet dosing will be adjusted to achieve a platelet count sufficient to avoid clinically important bleeding.

Appendix

Examples of Risk Factors for Bleeding (not all inclusive)⁴

- Undergoing a medical or dental procedure where blood loss is anticipated
- Comorbidities for bleeding (e.g., peptic ulcer disease)
- Mandated anticoagulation therapy
- Profession (e.g., construction worker) or lifestyle (e.g., plays contact sports) that predisposes patient to trauma

References

1. Doptelet [package insert]. Durham, NC: AkaRx, Inc.; July 2025.
2. Jurczak W, Chojnowski K, et al. Phase 3 randomised study of avatrombopag, a novel thrombopoietin receptor agonist for the treatment of chronic immune thrombocytopenia. *Br J Haematol*. 2018;183(3):479-490.
3. Nuenert C, Terrel DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv*. 2019;3(23):3829–3866.
4. Provan D, Arnold DM, Bussel JB, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. *Blood Adv*. 2019;3(22): 3780–3817.
5. Rodeghiero F, Stasi R, Gernsheimer T, et al. Standardization of terminology, definitions and outcome criteria in immune thrombocytopenic purpura of adults and children: report from an international working group. *Blood*. 2009;113(11):2386-2393.