

Doptelet Prior Authorization

Drug Applied:	Doptelet (avatrombopag)
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Criteria:

Drug Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

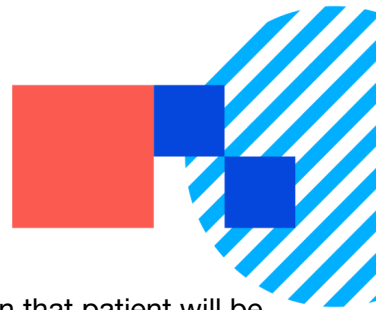
A. Chronic immune thrombocytopenia (ITP) as indicated by chart notes within past 120 days

1. Chronic ITP has lasted for at least 12 months **and**
2. ONE of the following:
 - a) Patient has a platelet count less than or equal to 30,000/ μ l **or**
 - b) Patient has a platelet count greater than 30,000/ μ l but less than 50×10^9 /L OR 50,000/ μ l and has symptomatic bleeding and/or an increased risk for bleeding **and**
3. Patient has tried and had an inadequate response to one of the following:
 - a) Systemic corticosteroids for minimum of 4 days **or**
 - b) Rituximab **or**
 - c) Immunoglobulins **or**
4. Patient has tried and had an inadequate response to a different thrombopoietin receptor agonist **or**
5. Patient has undergone a splenectomy **and**
6. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another thrombopoietin receptor agonist **and**
7. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

Approval Duration: 3 months

B. Thrombocytopenia with chronic liver disease as indicated by chart notes within past 120 days

1. Patient has a platelet count less than 50,000/ μ l **and**
2. Patient is scheduled to undergo a procedure with an associated risk of bleeding within the next 30 days (e.g., gastrointestinal endoscopy, liver biopsy, bronchoscopy, dental procedure) **and**



3. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another thrombopoietin receptor agonist **and**
4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

Approval Duration: 1 month

II. Continued Therapy Criteria

A. Chronic immune thrombocytopenia (ITP) as indicated by chart notes and labs within past 30 days

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
2. Patient has demonstrated beneficial clinical response **and**
3. Patient continues to have symptomatic bleeding and/or an increased risk for bleeding **and**
4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., hematology)

Approval Duration: 3 months

B. Thrombocytopenia with chronic liver disease as indicated by chart notes

1. Review under Initial Therapy Criteria

Approval Duration: N/A

Policy Owned by: Curative PBM team