

## Doptelet (avatrombopag)

### Coverage Criteria:

Reserved for patients who meet all of the following criteria:

1. Prescribed by or in consultation with a hematologist; and,
2. Adults diagnosed with one of the following:
  - a. Chronic immune thrombocytopenia; or,
  - b. chronic liver disease-associated thrombocytopenia
3. Patient has a current platelet count of  $< 50,000 \text{ mm}^3$ ; and
4. For patients with chronic liver disease-associated thrombocytopenia the patient has non-cosmetic surgery/procedure scheduled within 8 days of last dose; and
5. Prescribed within FDA approved dosing regimen.

### Coverage Duration:

Initial authorizations will be provided for 6 months

Reauthorizations will be provided for 12 months

### Renewal Criteria:

1. Patient has experienced clinical benefit from therapy defined as a sustained platelet count above  $50,000 \text{ mm}^3$  for the previous 3 months of therapy ; and,
2. Prescribed within the FDA approved dosing regimen.