CareSource

PHARMACY POLICY STATEMENT **Ohio Medicaid**	
DRUG NAME	Doptelet (avatrombopag)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— 60 tabs per 30 days
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Doptelet (avatrombopag) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

THROMBOCYTOPENIA (with chronic liver disease)

For **initial** authorization:

1. Member is 18 years of age or older with diagnosis of thrombocytopenia with chronic liver disease and is scheduled to undergo a procedure; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member's platelet count is < $50x10^9$/L; AND
4. Member does **not** have ANY of the following:
   a) Thrombosis;
   b) Hematologic disorders;
   c) Significant cardiovascular disease;
   d) Platelet transfusion or receipt of blood products containing platelets within 7 days (exception packed red blood cells);
   e) Heparin, warfarin, NSAID, aspirin, verapamil, and antiplatelet therapy with ticlopidine, glycoprotein iib/iiia antagonists (e.g., tirofiban), or erythropoietin stimulating agents within 7 days;
   f) Interferon use within 14 days;
   g) Estrogen-containing hormonal contraceptive or hormone replacement therapy use within 30 days;
   h) Advanced hepatocellular carcinoma.
5. **Dosage allowed:** Once daily for 5 consecutive days. Begin Doptelet dosing 10-13 days prior to the scheduled procedure. The recommended daily dose of Doptelet is based on the member's platelet count, if platelet count < $40x10^9$/L – 60 mg (3 tabs) once daily for 5 days, if platelet count 40-$50x10^9$/L – 40 mg (2 tabs) once daily for 5 days. Member should undergo their procedure 5 to 8 days after the last dose of Doptelet.

Note: Doptelet will not be approved for more than 5 days of treatment.

If member meets all the requirements listed above, the medication will be approved for 1 month.

For **reauthorization**:

1. Doptelet will not be reauthorized.

CareSource considers Doptelet (avatrombopag) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Thrombocytopenia due to Myelodysplastic syndrome (MDS)
- Immune thrombocytopenia (ITP)

DATE	ACTION/DESCRIPTION
05/06/2019	New policy for Doptelet created.

References:

1. Doptelet [package insert]. Durham, NC: Dova Pharmaceuticals, Inc., May, 2018.
2. Terrault et al. Avatrombopag Before Procedures Reduces Need for Platelet Transfusion in Patients With Chronic Liver Disease and Thrombocytopenia. Gastroenterology 2018;155:705–718.
3. ClinicalTrials.gov. Identifier: NCT01976104. Treatment of Thrombocytopenia in Patients With Chronic Liver Disease Undergoing an Elective Procedure. Available at: https://clinicaltrials.gov/ct2/show/NCT01976104?term=avatrombopag&recrs=e&rank=6.
4. ClinicalTrials.gov. Identifier: NCT01972529. Treatment of Thrombocytopenia in Patients With Chronic Liver Disease Undergoing an Elective Procedure. Available at: https://clinicaltrials.gov/ct2/show/NCT01972529?term=avatrombopag&recrs=e&rank=7.
5. NCCN Guidelines. Myelodysplastic Syndromes. V.1.2019.
6. Jurczak W, et al. 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.

Effective date: 07/01/2019
Revised date: 05/06/2019