

## **Pharmacy Drug Policy Checklist**

**POLICY NAME** Doptelet (avatrombopag) POLICY # 2677P

Coverage Criteria for Chronic Liver Disease-Associated Thrombocytopenia	
	Age 18 years or older
	Patient scheduled to undergo a medical or dental procedure expected to cause major bleeding within the next 30 days
	Baseline platelet count less than 50,000 platelets/mcL
Cov	erage Criteria for Chronic Immune Thrombocytopenia
	Diagnosis of chronic immune (idiopathic) thrombocytopenia (ITP)
	Age 18 years or older
	Insufficient response or contraindication to the standard of care for ITP (corticosteroids, immunoglobulins, OR splenectomy)
	If clinical condition increases the risk for bleeding
Exc	usion Criteria – Any of the following prevents coverage
	Concurrent therapy or approval with Mulpleta
	Coverage is excluded if intent is to solely raise platelet counts