

POLICY NAME	Doptelet (avatrombopag)	POLICY #	2677P
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Criteria

Coverage Criteria for Chronic Liver Disease-Associated Thrombocytopenia

- ☐ 1.1 Diagnosis of thrombocytopenia (low platelet levels) with chronic liver disease
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Patient scheduled to undergo a medical or dental procedure expected to cause major bleeding within the next 30 days
- ☐ 1.4 Baseline platelet count less than 50,000 platelets/mcL

Coverage Criteria for Chronic Immune Thrombocytopenia

- ☐ 2.1 Diagnosis of chronic immune (idiopathic) thrombocytopenia (ITP)
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Insufficient response or contraindication to the standard of care for ITP (corticosteroids, immunoglobulins, OR splenectomy)
- ☐ 2.4 If clinical condition increases the risk for bleeding

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Concurrent therapy or approval with Mulpleta
- ☐ 3.2 Coverage is excluded if intent is to solely raise platelet counts