Avatrombopag (Doptelet)
for Immune Thrombocytopenia (ITP)
Criteria for Use
March 2022

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the *PBM INTERnet* or *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive avatrombopag

- ☐ Stem cell disorder (i.e. myelodysplastic syndrome)
- ☐ Patient has not received prior therapy, with steroids, to increase platelet counts
- ☐ Thrombocytopenia is secondary to bone marrow suppressive anti-cancer therapy, antibiotics or other drugs*
- ☐ Thromboembolic events within the past year, unless evaluated by a hematology provider and deemed to be an appropriate candidate
- ☐ Pregnancy and/or breastfeeding

* For thrombocytopenia due to chronic liver disease, refer to separate criteria for use for Avatrombopag and Lusutrombopag

Inclusion Criteria

The answers to the following must be fulfilled to meet criteria.

- ☐ Diagnosis of chronic Immune Thrombocytopenia (ITP)
- ☐ Platelet count < 30,000 mm^3 and/or persistent bleeding resistant/refractory to glucocorticoids
- ☐ Patient has relapsed after the following second-line therapies (unless contraindicated or patient is not a candidate)
    - Splenectomy
    - Rituximab
- ☐ For patients who can become pregnant: Counseling provided on potential risks vs. benefits of taking drug if patient were to become pregnant. Advise patients not to breastfeed during treatment and for 2 weeks following.

Prepared: July 2010, Updated Jan. 2019, March 2022. Contact: Berni Heron, Pharm.D., BCOP, National Clinical Pharmacy Program Manager, VA Pharmacy Benefits Management Services