

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Avatrombopag (Doptelet)

- Quantity Limits: Yes, 10 or 15 tablets for CLD
- Duration limit: Yes, 5 days for CLD or 30 days for ITP

Initiation (new start) criteria: Non-formulary avatrombopag (doptelet) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncologist/Hematologist or Hepatology
- Patient is greater than or equal to 18 years of age
- Patient has a diagnosis of chronic Immune mediated thrombocytopenia (ITP) - AND- Has documented insufficient response to corticosteroid, immunoglobulins, rituximab, or eltrombopag -AND- platelet count less than $30 \times 10^9/L$ -OR-
- Thrombocytopenia of chronic liver disease (CLD) with invasive planned procedure with significant risk bleeding risk -AND- platelet count below $50 \times 10^9/L$

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary avatrombopag (doptelet) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncologist/Hematologist or Hepatology
- Patient is greater than or equal to 18 years of age
- Patient has diagnosis of either chronic immune mediated thrombocytopenia (ITP)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary avatrombopag (doptelet) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Oncologist/Hematologist or Hepatology
- Patient is greater than or equal to 18 years of age
- Patient has diagnosis of either chronic immune mediated thrombocytopenia (ITP)