

Policy Name:	Doptelet (avatrombopag)	Policy#:	2677P
---------------------	--------------------------------	-----------------	--------------

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Doptelet (avatrombopag).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Doptelet (avatrombopag) if the following criteria are met.

Criteria

- 1. 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
- 2. 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
- 3. Exclusion Criteria**
 - 3.1 Concurrent therapy or approval with Mulpleta
 - 3.2 Coverage is excluded if intent is to solely raise platelet counts
- 4. Approval Period**
 - 4.1 Chronic Liver Disease Associated Thrombocytopenia: 1 time approval for a 5 day supply of therapy
 - 4.2 Chronic Immune Thrombocytopenia: 12 months

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Doptelet (avatrombopag) [prescribing information]. Durham, NC: AkaRx Inc; July 2024.

2. Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia. *Blood Adv.* 2019 Dec 10;3(23):3829-3866.
3. Terrault N, Chen YC, Izumi N, et al. Avatrombopag before procedures reduces need for platelet transfusion in patients with chronic liver disease and thrombocytopenia [published online May 17, 2018]. *Gastroenterology*. doi: 10.1053/j.gastro.2018.05.025.
4. Northup PG, Garcia-Pagan JC, Garcia-Tsao G, et al. Vascular Liver Disorders, Portal Vein Thrombosis, and Procedural Bleeding in Patients With Liver Disease: 2020 Practice Guidance by the American Association for the Study of Liver Diseases. *Hepatology* 2021; 73:366.

Created Date: 04/03/19

Effective Date: 04/03/19

Posted to Website: 01/01/22

Revision Date: 02/05/25

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.