



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1250-1
Program	Prior Authorization/Notification
Medication	Doptelet® (avatrombopag)
P&T Approval Date	8/2018
Effective Date	11/1/2018; Oxford only: 11/1/2018

1. Background:

Doptelet (avatrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

2. Coverage Criteria:

A. Thrombocytopenia

1. Doptelet will be approved based on **all** of the following criteria:

a. Diagnosis of thrombocytopenia

-AND-

b. Patient has chronic liver disease

-AND-

c. Patient is scheduled to undergo a procedure

Authorization will be issued for 1 month.

3. Additional Clinical Rules:

- None

4. References:

1. Doptelet [Package Insert]. Durham, NC: AkaRx, Inc.; May 2018.

Program	Prior Authorization/Notification - Doptelet (avatrombopag)
Change Control	
8/2018	New program.