



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3119-3
Program	Step Therapy
Medication	Doptelet (avatrombopag)
P&T Approval Date	1/2019, 8/2019, 8/2020
Effective Date	11/1/2020; Oxford only: 11/1/2020

1. Background:

Step therapy programs are utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires members to use Mulpleta (lusutrombopag) before providing coverage for Doptelet (avatrombopag) for the treatment of thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure. For patients with chronic immune thrombocytopenia (ITP), this program requires members to use guideline recommended first-line therapies and try Promacta and Tavalisse before providing coverage for Doptelet.

Doptelet and Mulpleta are thrombopoietin receptor agonists indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure. Doptelet is also indicated for the treatment of adult patients with chronic ITP who have had an insufficient response to a previous treatment.^{1,2}

Promacta (eltrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in adult and pediatric patients 1 year and older with ITP who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.³

Tavalisse (fostamatinib) is a kinase inhibitor indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.⁴

Members currently on Doptelet therapy for chronic ITP as documented in claims history will be allowed to continue on their current therapy. Members new to therapy will be required to meet the coverage criteria below.

2. Coverage Criteria^a:

A. Thrombocytopenia in patients with chronic liver disease who are scheduled to undergo a procedure

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

- a. History of failure, contraindication, or intolerance to Mulpleta (lusutrombopag)

Authorization will be issued for 1 month.

B. Chronic immune thrombocytopenia (ITP)

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

a. **One** of the following:

(1) **All** of the following:

(a) History of failure, contraindication, or intolerance to at least one of the following:

- i. Corticosteroids*
- ii. Immunoglobulins*

-AND-

(b) History of failure, contraindication, or intolerance to Promacta (eltrombopag)*

-AND-

(c) History of failure, contraindication, or intolerance to Tavalisse (fostamatinib)*

-OR-

(2) **Both** of the following:

(a) Patient is currently on Doptelet therapy

-AND-

(b) Patient has not received a manufacturer supplied sample at no cost from a prescriber's office, or any form of assistance from the Dova Pharmaceuticals sponsored Dova 1Source™ program (e.g. sample card which can be redeemed at a pharmacy for a free supply of medication) or a 30 day free trial from a pharmacy as a means to establish as a current user of Doptelet

*Patients requesting initial authorization who were established on therapy via the receipt of a manufacturer supplied sample at no cost in the prescriber's office or any form of assistance from the Dova Pharmaceuticals sponsored Dova 1Source™ program **shall be required** to meet initial authorization criteria as if patient were new to therapy

Authorization will be issued for 12 months

C. Other Diagnoses

1. **Doptelet** will be approved.

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Notification may be in place.
- *Tried/Failed supported by package labeling

4. References:

1. Doptelet [package insert]. Durham, NC: AkaRx, Inc.; June 2019.
2. Mulpleta [package insert]. Florham Park, NJ: Shionogi Inc.; July 2018.
3. Promacta [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2020.
4. Tavalisse [package insert]. South San Francisco, CA: Rigel Pharmaceuticals; April 2018
5. Neunert et al. The American Society of Hematology 2011 evidence-based practice guideline for immune thrombocytopenia. Blood. 2011; 117 (16): 4190-4207.

Program	Step Therapy – Doptelet (avatrombopag)
Change Control	
1/2019	New program
8/2019	Updated program with new indication in ITP. Updated references.
8/2020	Annual review with no change to coverage criteria. Updated formatting and reference.