



The drug, Doptelet (avatrombopag), is subject to the prior authorization process.

## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed:*

- Must be used for treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure
- Must be prescribed by a gastroenterologist, hematologist, or hepatologist
- Must have documentation of procedure date at least 10 days from request date
- Must have documentation of baseline platelets less than  $50 \times 10^9/L$

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	1 month
Reauthorization	N/A
Quantity Level Limit	
Doptelet (avatrombopag) 20mg tablet	15 tablets per 5 days

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Doptelet [package insert]. Durham, North Carolina: Dova Pharmaceuticals, 2018

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New policy</i>	<i>08/18</i>

***Doptelet (avatrombopag)***  
**POLICY NUMBER: RX.PA.457.E**  
**REVISION DATE: N/A**  
**PAGE NUMBER: 3 of 3**