RXADVANCE
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Clinical Policy Title:	avatrombopag
Policy Number:	RxA.362
Drug(s) Applied:	Doptelet®
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of business

Background

Avatrombopag (Doptelet®) is a thrombopoietin (TPO) receptor agonist.

Avatrombopag is indicated for the treatment of:

- Thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.
- Thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Avatrombopag (Doptelet®)	Thrombocytopenia with chronic liver disease	Platelet count < 40 x 10^9/L: 60 mg PO QD for a total of 5 days Platelet count of 40 to < 50 x 10^9/L: 40 mg PO QD for a total of 5 days	See regimen
	Chronic ITP	Initiate at 20 mg PO QD and titrate to maintain platelet count ≥ 50 x10^9/L	40 mg/day

Dosage Forms

- Tablets: 20 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Thrombocytopenia with Chronic Liver Disease (must meet all)**:**

1. Diagnosis of chronic liver disease;
2. Prescribed by or in consultation with a hematologist, hepatologist, or gastroenterologist;
3. Age 18 years of age or older;
4. Recent (within the past 14 days) platelet count is < 50 x 10^9/L;
5. For members with platelet count < 40 x 10^9/L, failure of lusutrombopag (Mulpleta®)unless contraindicated or clinically significant adverse effects are experienced;

*Prior authorization may be required for lusutrombopag (Mulpleta®)

6. Member is scheduled to undergo a medical or dental procedure within the next 30 days;
7. Dose does not exceed (a or b):
   a. Platelet count < 40 x 10^9/L: 60 mg (3 tablets) per day for a total of 5 days;
   b. Platelet count of 40 to < 50 x 10^9/L: 40 mg (2 tablets) per day for a total of 5 days.

Approval duration
Commercial: 14 days (no more than 5 total days of treatment)
Medicaid: 14 days (no more than 5 total days of treatment)

B. Chronic Immune Thrombocytopenia (must meet all)**:**

1. Diagnosis of chronic ITP;
2. Prescribed by or in consultation with a hematologist;
3. Age 18 years of age or older;
4. Current (within 30 days) platelet count < 30,000/µL or member has an active bleed;
5. Failure of systemic corticosteroids and immune globulins at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced (see Appendix B);
   *Prior authorization may be required for immune globulins
6. Dose does not exceed 40 mg (2 tablets) per day.

Approval duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Thrombocytopenia with Chronic Liver Disease

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

Approval duration
Commercial: Not applicable

B. Chronic Immune Thrombocytopenia (must meet all)**:**

1. Member is currently receiving the medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., increase in platelet count from baseline, reduction in bleeding events);
3. If request is for a dose increase, new dose does not exceed 40 mg (2 tablets) per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
ASH: American Society of Hematology
FDA: Food and Drug Administration
ITP: immune thrombocytopenia
TPO: thrombopoietin

APPENDIX B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Thrombocytopenia with chronic liver disease		
Mulpleta® (lusutrombopag)	3 mg PO QD for a total of 7 days	3 mg/day
Chronic immune thrombocytopenia*		
Corticosteroids		
dexamethasone	Oral dosage: Initially, 0.75 to 9 mg/day PO in 2 to 4 divided doses. Adjustaccording to patient response Intramuscular or intravenous dosage: Initially, 0.5 to 9 mg/day IV or IM in 2 to 4 divided doses. Adjust according to patient response	Highly variable depending on the nature and severity of the disease, route of treatment, and on patient response
methylprednisolone	10-40 mg IV every 4-6 hours for up to 72 hours	
prednisone	Initially, 1 mg/kg PO QD; however, lower doses of 5 mg/day to 10 mg/day PO are preferable for long-term treatment	
Immune globulins		
Immune globulins (e.g., Carimune® NF, Flebogamma® DIF 10%, Gammagard® S/D, Gammaked™, Gamunex®-C, Gammaplex®, Octagam® 10%, Privigen®, etc.)	Refer to prescribing information	Refer to prescribing information

Therapeutic alternatives are listed as Brand name (generic) when the drug is available by brand name only and generic (Brand name) when the drug is available by both brand and generic.
**Examples of corticosteroids/immunosuppressive agents provided are not all inclusive*

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None.

- Boxed warning(s):
  - None.

APPENDIX D: General Information

- Examples of chronic liver disease include: alcoholic liver disease, chronic viral hepatitis (e.g., hepatitis B and C), and nonalcoholic steatohepatitis.
- Definitions of acute vs. chronic ITP:
  - Per an International Working Group consensus panel of ITP experts, ITP is defined as newly diagnosed (diagnosis to 3 months), persistent (3 to 12 months from diagnosis), or chronic (lasting for more than 12 months). Although not formally validated, these definitions are supported and used by the American Society of Hematology (ASH).
- Per the 2011 ASH guidelines, response to treatment was defined by the following:
  - A response would be defined as a platelet count ≥ 30,000/µL and a greater than 2-fold increase in platelet count from baseline measured on 2 occasions > 7 days apart and the absence of bleeding.
  - A failure would be defined as a platelet count < 30,000/µL or a less than 2-fold increase in platelet count from baseline or the presence of bleeding. Platelet count must be measured on 2 occasions more than a day apart.

References

1. Doptelet Prescribing Information. Durham, NC: Dova Pharmaceuticals, Inc.; June 2019. Available at: https://www.doptelet.com. Accessed June 28, 2020.
2. Kumar A, Mhaskar R, Grossman BJ, et al on behalf of the AABB (American Association of Blood Banks) Platelet Transfusion Guidelines Panel. Platelet transfusion: a systematic review of the clinical evidence. Transfusion. 2015; 55: 1116-1127. Accessed June 28, 2020.
3. Hayashi H, Beppu T, Shirabe K, Maehara Y, and Baba H. Management of thrombocytopenia due to liver cirrhosis: a review. World J Gastroenterol. 2014; 20(10): 2595-2605.
4. Neunert C, Lim W, Crowther M, Cohen A, Solberg L, and Crowther MA. The American Society of Hematology 2011 evidence-based practice guideline for immune thrombocytopenia. Blood. 2011; 117(16): 4190-4207. https://doi.org/10.1182/blood-2010-08-302984. Accessed June 28, 2020.
5. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established	01/2020	03/06/2020
Policy was reviewed. 1) Background info updated. 2) Clinical policy (initial approval criteria & continued therapy approval) was updated. 3) Appendices updated. 4) References were updated.	06/28/2020	09/14/2020