Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Doptelet (avatrombopag)

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Policy

Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for **Doptelet (avatrombopag)** when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered

Doptelet (avatrombopag) may be considered **medically necessary** when all of the following criteria are met:

1. **Thrombocytopenia in Patients with Chronic Liver Disease.** Approve Doptelet for 5 days if the patient meets the following criteria (A, B and C):
   - **A)** The patient is an adult ≥ 18 years of age; AND
   - **B)** The patient has a current platelet count < 50 x 10^9/L; AND
   - **C)** The patient is scheduled to undergo a procedure within 10 to 13 days after starting Doptelet therapy.

When Policy Topic is not covered

Doptelet has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions and may be considered **investigational**. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Chronic Immune Thrombocytopenia.** A 28-day, dose-finding, Phase II, multicenter, US, published study evaluated Doptelet in patients with persistent and chronic ITP.[3] Many other agents are FDA-approved for this condition and are recommended in standard guidelines, including other thrombopoietin receptor agonists.[4-6]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Considerations

Doptelet (avatrombopag) requires prior authorization through the Clinical Pharmacy Department.

This Blue Cross and Blue Shield of Kansas City policy statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, local medical policies of other health plans, Medicare (CMS), local providers.

Description of Procedure or Service

Doptelet is a thrombopoietin receptor agonist (TPO-RA) indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.[1] Begin Doptelet dosing 10 to 13 days before the scheduled procedure. The recommended daily dose of Doptelet is based on the patient's platelet count prior to the scheduled procedure. The dose is 60 mg (three tablets) once daily (QD) for 5 days in patients with a platelet count < 40 x 10^9/L and 40 mg (two tablets) QD for 5 days for patients with a platelet count of 40 to < 50 x 10^9/L. Doptelet should be given with food. Patients should undergo their procedure 5 to 8 days after the last Doptelet dose.

Clinical Efficacy

The efficacy of Doptelet for the treatment of thrombocytopenia in patients with chronic liver disease who were scheduled to undergo a procedure was established in two identically-designed, multicenter, randomized, double-blind, placebo-controlled trials (ADAPT-1 [n = 231] and ADAPT-2 [n = 204]).[1,2] Patients were assigned to the low baseline platelet count cohort (< 40 x 10^9/L) or the high baseline platelet count cohort (≥ 40 to < 50 x 10^9/L) based on their baseline platelet count. In the trials the FDA-approved dosing was utilized for patients randomized (2:1) to receive Doptelet or placebo. Patients were scheduled to undergo their procedure (low, moderate, or high-bleeding risk) 5 to 8 days after their last treatment dose. In ADAPT-1, patients in the low- and high-baseline platelet count groups had baseline platelet counts of 31 x 10^9/L and 44 x 10^9/L, respectively. In ADAPT-2, patients in the low- and high-baseline platelet count groups had baseline platelet counts of 32 x 10^9/L and 44 x 10^9/L, respectively. The major efficacy outcome was the proportion of patients who did not require a platelet transfusion or any rescue procedure for bleeding after randomization and up to 7 days following an elective procedure. In ADAPT-1, this endpoint was statistically superior for patients given Doptelet compared with placebo (66% for Doptelet 60 mg vs. 23% with placebo and 88% for Doptelet 40 mg vs. 38% with placebo). Also, in ADAPT-2, the endpoint was statistically superior for patients given Doptelet compared with placebo (69% for Doptelet 60 mg vs. 35% with placebo and 88% for Doptelet vs. 33% with placebo). Other endpoints were more favorable for Doptelet compared with placebo such as the proportion of patients who achieved the target platelet count of ≥ 50 x 10^9/L on the day of the procedure.

Rationale

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Doptelet (avatrombopag) while maintaining optimal therapeutic outcomes.

References

1. Doptelet™ tablets [prescribing information]. Durham, NC: AkaRx/Dova Pharmaceuticals; May 2018.
2. Terrault N, Chen YC, Izumi N, et al. Avatrombopag before procedures reduces need for platelet transfusion in patients with chronic liver disease and thrombocytopenia. *Gastroenterology*. 2018 May 17. [Epub ahead of print]. Available at: https://www.gastrojournal.org/article/S0016-5085(18)34545-1/pdf?referrer=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmed%2F29778606. Accessed on May 22, 2018.
3. Bussel JB, Kuter DJ, Aledort LM, et al. A randomized trial of avatrombopag, an investigational thrombopoietin-receptor agonist, in persistent and chronic immune thrombocytopenia. *Blood*. 2014;123(25):3887-3894. Available at: http://www.bloodjournal.org/content/bloodjournal/117/16/4190.full.pdf. Accessed on 05/25/2018.
4. Neunert C, Lim W, Crowther M et al. The American Society of Hematology 2011 evidence-based practice guideline for immune thrombocytopenia. *Blood*. 2011;117(16):4190-4207.
5. Promacta® tablets and oral suspension [prescribing information]. East Hanover, NJ: Novartis; October 2017.
6. Nplate® injection for subcutaneous use [prescribing information]. Thousand Oaks, CA: Amgen; October 2017.

Billing Coding/Physician Documentation Information

NA	Oral Doptelet is a pharmacy benefit; specialty pharmacy sourcing

Additional Policy Key Words

N/A

Policy Implementation/Update Information

11/2018	New policy titled Doptelet (avatrombopag)