Avatrombopag

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Medical Necessity Criteria

Avatrombopag (Doptelet®) is considered medically necessary when EITHER of the following criteria are met:

- **Treatment of thrombocytopenia in individuals with chronic liver disease (CLD)** and ALL of the following:
  - 18 years of age and older
  - Platelet count less than 50,000 cells/mm³
  - Scheduled to undergo a procedure

  Authorization is for a single course of therapy (up to 5 days).

- **Treatment of thrombocytopenia in individuals with chronic immune thrombocytopenia (ITP)** and ALL of the following:
  - 18 years of age and older
  - Platelet count less than 30,000 cells/mm³, OR platelet count less than 50,000 cells/mm³ AND clinical condition increases the risk for bleeding
  - Inadequate response to, or not a candidate for, an initial treatment option (corticosteroids, rituximab, splenectomy)
Initial authorization is 3 months.

**Avatrombopag is considered medically necessary for continued use** when BOTH of the following criteria are met:
- Documentation of beneficial clinical response as evidenced by increased platelet counts
- Individual remains at risk for bleeding complications

**Reauthorization for up to 1 year.**

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Avatrombopag is not covered for any other use because it is considered experimental, investigational or unproven.

*Note: Receipt of sample product does not satisfy any criteria requirements for coverage.*

**FDA Approved Indications**

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**Treatment of Thrombocytopenia in Patients with Chronic Liver Disease (CLD)**
Doptelet is indicated for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.

**Treatment of Thrombocytopenia in Patients with Chronic Immune Thrombocytopenia (ITP)**
Doptelet is indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.

**Recommended Dosing**

**FDA Recommended Dosing**

**“Refer to the prescribing information (product label) for complete dosing information. The following is from the “Highlights of Prescribing Information” section of the product label.”**

- Administer Doptelet with food.
- Chronic Liver Disease:
  - Dose Doptelet based upon platelet count prior to procedure, orally for 5 days beginning 10 to 13 days before procedure. For platelet count less than 40 x10⁹/L, the dose is 60 mg (3 tablets) once daily; for platelet count 40 to less than 50 x10⁹/L the dose is 40 mg (2 tablets) once daily.
- Chronic Immune Thrombocytopenia:
  - Initiate Doptelet at 20 mg (1 tablet) once daily. Adjust the dose or frequency of dosing to maintain platelet count greater than or equal to 50 x10⁹/L. Do not exceed 40 mg per day.

**Drug Availability**

Supplied as 20 mg tablets in cards of 10 or 15 tablets.

**Background**

**Overview**

Doptelet, a thrombopoietin receptor agonist (TPO-RA), is indicated to treat thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure. Doptelet is also used to treat low blood platelet
counts in adults with chronic immune thrombocytopenia (ITP) when other treatments have not worked adequately. The safety and efficacy of Doptelet have not been established in pediatric patients. (Doptelet, 2019)

Professional Societies/Organizations
The American Society of Hematology (ASH) evidence-based practice guideline for immune thrombocytopenia does not address treating thrombocytopenia in individuals with chronic liver disease (CLD) scheduled to undergo a procedure. (Neunert et al, 2019) An American Association for the Study of Liver Diseases (AASLD) liver biopsy position statement recommends platelet transfusion when platelet counts are less than 50 to 60 x 10^9/L in individuals who require biopsy and who have CLD. (Rockey et al, 2009)

The objective of all immune thrombocytopenia (ITP) treatment plans is to attain a platelet count for acceptable hemostasis, rather than a platelet count that’s “normal”. (Neunert et al, 2019) The choice to start ITP treatment should be dependent on the individual’s severity of bleeding and bleeding risk. (Neunert et al, 2019) The international consensus report indicates treatment is infrequently needed in individuals with platelet counts more than 50 x 10^9/L. (Provan et al, 2010)

For treating thrombocytopenia in individuals with newly diagnosed chronic immune thrombocytopenia (ITP), ASH recommends corticosteroids (in favor of a short course regimen over prolonged courses [>6 weeks including treatment and taper]) as first-line therapy. For the treatment of adults who do not respond or relapse following initial corticosteroids therapy, several strategies are employed. Splenectomy is recommended for individuals who have failed corticosteroids. For individuals at risk of bleeding who relapse following splenectomy or who have a contraindication to splenectomy and have failed at least one other therapy, thrombopoietin receptor agonists (TPO-RA) can be given. Also, TPO-RAs may be considered for individuals at risk of bleeding who have failed one line of therapy, such as corticosteroids, and who have not undergone splenectomy. Rituximab may be an alternative for individuals at risk of bleeding who have failed one line of therapy (for example, corticosteroids). No further treatment is recommended in asymptomatic individuals after splenectomy who have achieved platelet counts > 30 x 10^9/L. (Neunert et al, 2019)

American Board of Internal Medicine’s (ABIM) Foundation Choosing Wisely® Initiative:
No recommendations are available for the treatment of thrombocytopenia in individuals with chronic liver disease who are scheduled to undergo a procedure.

Centers for Medicare & Medicaid Services - National Coverage Determinations (NCDs):
There are no CMS National Coverage Determinations for avatrombopag.

Off label uses:
The American Hospital Formulary Service currently supports no off-label uses of avatrombopag. (AHFS, 2019)

References