

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2019 P 3119-1
Program	Step Therapy
Medication	Doptelet (avatrombopag)
P&T Approval Date	1/2019
Effective Date	3/1/2019; Oxford only: 4/1/2019

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).

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.^{1,2}

2. Coverage Criteria^a:

A. Thrombocytopenia

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. Other Diagnoses

1. **Doptelet** will be approved.

Authorization will be issued for 1 month.

^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.

4. References:

1. Doptelet [package insert]. Durham, NC: AkaRx, Inc.; May 2018.
2. Mulpleta [package insert]. Florham Park, NJ: Shionogi Inc.; July 2018.

Program	Step Therapy – Doptelet (avatrombopag)
Change Control	
1/2019	New program