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# 5.85.030

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Hematological Agents	<b>Original Policy Date:</b>	June 29, 2018
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**Last Review Date:** March 6, 2026

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## Doptelet

### Description

#### Doptelet (avatrombopag)

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#### Background

Doptelet (avatrombopag) is a thrombopoietin (TPO) receptor agonist used to increase platelet counts. Doptelet is an orally bioavailable, small molecule TPO receptor agonist that stimulates proliferation and differentiation of megakaryocytes from bone marrow progenitor cells resulting in an increased production of platelets. Doptelet does not compete with TPO for binding to the TPO receptor and has an additive effect with TPO on platelet production (1).

#### Regulatory Status

FDA-approved indications: Doptelet is a thrombopoietin receptor agonist indicated for the treatment of: (1)

1. Thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure.
2. Thrombocytopenia in adult patients with chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.
3. Thrombocytopenia in pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.

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Doptelet should not be administered to patients with chronic liver disease in an attempt to normalize platelet counts (1).

Doptelet is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic and thromboembolic complications in patients with chronic liver disease or immune thrombocytopenia. A Doppler ultrasound is a noninvasive test that can be used to estimate the blood flow through blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells. A Doppler ultrasound may help determine if Doptelet therapy is appropriate for a patient (1-2).

The safety and effectiveness of Doptelet in pediatric patients less than 1 year of age for persistent or chronic immune thrombocytopenia have not been established. The safety and effectiveness of Doptelet in pediatric patients less than 18 years of age for thrombocytopenia with chronic liver disease have not been established (1).

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## Related policies

Mulpleta

[Policy](#)

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Doptelet may be considered **medically necessary** if the conditions indicated below are met.

Doptelet may be considered **investigational** for all other indications.

## Prior-Approval Requirements

### Diagnosis

Patient must have the following:

Thrombocytopenia

**AND ONE** of the following:

1. Chronic liver disease

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- a. 18 years of age and older
- b. Undergoing a scheduled medical or dental procedure within the next 30 days
2. Persistent or chronic immune thrombocytopenia
  - a. 1 year of age and older
  - b. Patient has had an inadequate response to a previous treatment

**AND ALL** of the following:

1. Baseline platelet count less than 50,000 platelets/mcL ( $50 \times 10^9$  platelets/L)
2. **NO** dual therapy with Mulpleta

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## Prior-Approval *Renewal* Requirements

### Diagnosis

Patient must have the following:

Thrombocytopenia

**AND ONE** of the following:

1. Chronic liver disease
  - a. 18 years of age and older
  - b. Undergoing a scheduled medical or dental procedure within the next 30 days
  - c. Baseline platelet count less than 50,000 platelets/mcL ( $50 \times 10^9$  platelets/L)
2. Persistent or chronic immune thrombocytopenia
  - a. 1 year of age and older
  - b. Platelet count greater than or equal to 50,000 platelets/mcL ( $50 \times 10^9$  platelets/L)

**AND** the following:

1. **NO** dual therapy with Mulpleta

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## Pre-PA Allowance

None

## Prior-Approval Limits

### Thrombocytopenia with chronic liver disease

**Quantity** 15 tablets  
**Duration** 30 days

### Persistent or chronic immune thrombocytopenia

**Quantity** 180 tablets per 90 days **OR**  
180 capsules per 90 days\*

\*Capsules are currently pending tier determination and may not be available at this time

**Duration** 6 months

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## Prior-Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Doptelet is a thrombopoietin (TPO) receptor agonist used to increase platelet counts. Doptelet (avatrombopag) is an orally bioavailable, small molecule TPO receptor agonist that stimulates proliferation and differentiation of megakaryocytes from bone marrow progenitor cells resulting in an increased production of platelets. Doptelet does not compete with TPO for binding to the TPO receptor and has an additive effect with TPO on platelet production. The safety and effectiveness of Doptelet in pediatric patients less than 1 year of age for persistent or chronic immune thrombocytopenia have not been established. The safety and effectiveness of Doptelet in pediatric patients less than 18 years of age for thrombocytopenia with chronic liver disease have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Doptelet while maintaining optimal therapeutic outcomes.

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## References

1. Doptelet [package insert]. Morrisville, NC: AkaRx, Inc.; July 2025.
2. Sheps, S. G. Doppler Ultrasound: What is it used for?: Mayo Clinic. December 17, 2016.

## Policy History

Date	Action
June 2018	Addition to PA
September 2018	Annual editorial review, addition of no dual therapy with Mulpleta, change of prior approval limits to 15 tablets per 365 days Addition of thrombotic complications and Doppler ultrasound to regulatory status per SME
November 2018	Annual review. Changed diagnosis to thrombocytopenia with chronic liver disease and added renewal requirements per SME
July 2019	Addition of indication: chronic immune thrombocytopenia with an insufficient response to a previous treatment. Removal of standard allowance quantity
September 2019	Annual review
September 2020	Annual review
March 2021	Annual review and reference update
March 2022	Annual review and reference update
March 2023	Annual review. Changed policy number to 5.85.030
June 2023	Annual review
March 2024	Annual review
June 2024	Annual review
March 2025	Annual review
June 2025	Annual review
September 2025	Annual review. Per PI update, lowered age for persistent or chronic immune thrombocytopenia to 1 year of age and older and added capsule dosage form
March 2026	Annual review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.**