WHETHER YOUR CHRONIC ITP PATIENTS FAIL ONE OR MULTIPLE THERAPIES, DOPTELET MAY BE THE RIGHT CHOICE

Doptelet is an oral TPO-RA with no known statin interactions, no additional precautions for patients with cataracts, and no dose restrictions for different ancestry demographics.[1]*

PATIENT CASE COURTESY OF DR LAMIAA TOLBA, DMSc, PA-C

BASED ON A REAL PATIENT†

CHRONIC ITP PATIENT: ROBERT

28-YEAR-OLD MALE

Treated with Doptelet after insufficient response to another TPO-RA, steroids, a SYK inhibitor, and immunosuppressants

- Presenting symptoms: widespread petechial rash
- Pre-ITP diagnosis treatment: none reported
- Treatment after diagnosis: multiple corticosteroids, rituximab, eltrombopag, and fostamatinib
- At Doptelet initiation: 20 mg daily
- Concomitant treatment reduction: N/A
- Maintenance platelet count on Doptelet: ≥50x10^9/L

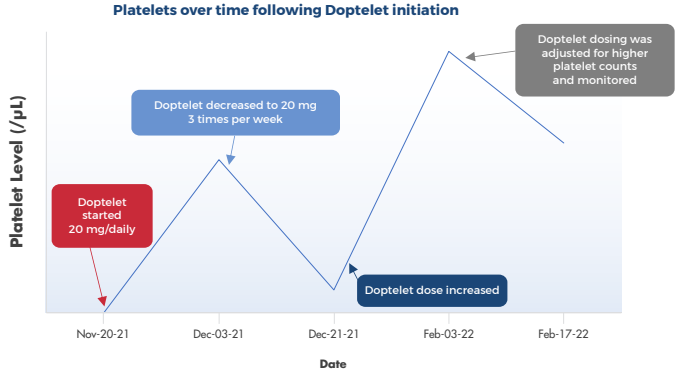
In a core study with Doptelet, patients achieved platelet goals of 50,000/µL (primary endpoint). Patients on Doptelet reached target platelet counts of 50,000/µL for a median of 12.4 cumulative weeks (primary endpoint).[2,3‡]

"Doptelet is favorable with a lot of my patients because the [food-type] restrictions aren't there."

— DR TOLBA, DMSc, PA-C[1-3]

CLICK TO SEE DR TOLBA, DMSc, PA-C, DISCUSS THIS PATIENT CASE

DOPTELET PATIENT CASE TITRATION SCHEDULE[1]



ITP=immune thrombocytopenia; SYK=spleen tyrosine kinase; TPO-RA=thrombopoietin receptor agonist.
*Doptelet has demonstrated safety in patients of Asian descent without the need for special dosing; no dose adjustments necessary for different conditions and population demographics.[1]
†Photo is not the actual patient.
‡Efficacy was evaluated in a 6-month, multicenter, randomized, double-blind, placebo-controlled Phase 3 study. Patients had received one or more prior chronic ITP therapies and had average screening and baseline platelet counts of <30x10^9/L. Forty-nine patients were randomized (2:1) to receive either Doptelet (n=32) or placebo (n=17).[1]

PLEASE SEE FULL IMPORTANT SAFETY INFORMATION CONTINUED ON NEXT PAGE AND FULL PRESCRIBING INFORMATION FOR DOPTELET AT WWW.DOPTELETHCP.COM.

INDICATION

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.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Thrombotic/Thromboembolic Complications. DOPTELET is a thrombopoietin (TPO) receptor agonist and TPO receptor agonists have been associated with thrombotic complications in patients with chronic liver disease (0.4%; (1/274) in DOPTELET-treated patients) and thromboembolic complications in patients with chronic immune thrombocytopenia (7%; (9/128) in DOPTELET-treated patients). Portal vein thrombosis has been reported in patients with chronic liver disease, and thromboembolic events (arterial and venous) have been reported in patients with chronic immune thrombocytopenia treated with TPO receptor agonists.

Doptelet® (avatrombopag) tablets

BROAD INSURANCE COVERAGE

Doptelet is available for 97% of patients with commercial insurance and the majority of Medicare-insured patients nationwide[4,5]*

SEE THE FORMULARY STATUS IN YOUR AREA
www.DopteletCoverage.com

Available resources include:

- Prior Authorization Guide
- Letter of Medical Necessity (Fillable)
- Letter of Appeal (Fillable)

Request FRM
A Field Reimbursement Manager (FRM) can educate on access processes
www.doptelethcp.com

Help your patients access the Doptelet lift

Discover patient support programs for Doptelet
www.doptelethcp.com/itp/access

*Majority is defined as >50% of patients covered.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Consider the potential increased thrombotic risk when administering DOPTELET to patients with known risk factors for thromboembolism, including genetic prothrombotic conditions and acquired risk factors.

DOPTELET should not be administered to patients with chronic liver disease or chronic immune thrombocytopenia in an attempt to normalize platelet counts. Monitor platelet counts, and for signs and symptoms of thromboembolic events and institute treatment promptly.

Serious Adverse Reactions

Serious adverse reaction that occurred more frequently in patients treated with DOPTELET (9%; 12/128) compared to placebo (5%; 1/22) was headache, occurring in 1.6% (2/128).

Adverse Reactions

The most common adverse reactions (≥10%) in patients with chronic immune thrombocytopenia were headache, fatigue, contusion, epistaxis, upper respiratory tract infection, arthralgia, gingival bleeding, petechiae, and nasopharyngitis.

Postmarketing Experience

Following the approval of DOPTELET, hypersensitivity reactions involving the immune system, including, but not limited to, pruritus, rash, choking sensation, swollen face, and swollen tongue have been reported.

These are not all the possible risks associated with DOPTELET. Please see Full Prescribing Information for DOPTELET at www.doptelethcp.com

To report suspected adverse reactions, contact Sobi North America at 1-866-773-5274 or FDA at 1-800-FDA-1088.

For statutory pricing disclosures, visit doptelethcp.com/wac-pricing.

References: 1. DOPTELET (avatrombopag) [prescribing information]. Durham, NC: AkaRx, Inc; 2021. **2.** McDonald V, Newland A, Morgan M, et al. Patient preferences and experiences regarding thrombopoietin-receptor agonists for immune thrombocytopenia in the United Kingdom and Ireland (TRAPeze UK & IE study). *Hematology*. 2021;26(1):799-808. **3.** Promacta (eltrombopag) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2023. **4.** Data on file. MMIT commercial summary export. 2024: Sobi, Inc. **5.** MMIT Medicare summary export 2024: Sobi, Inc.

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(avatrombopag) tablets