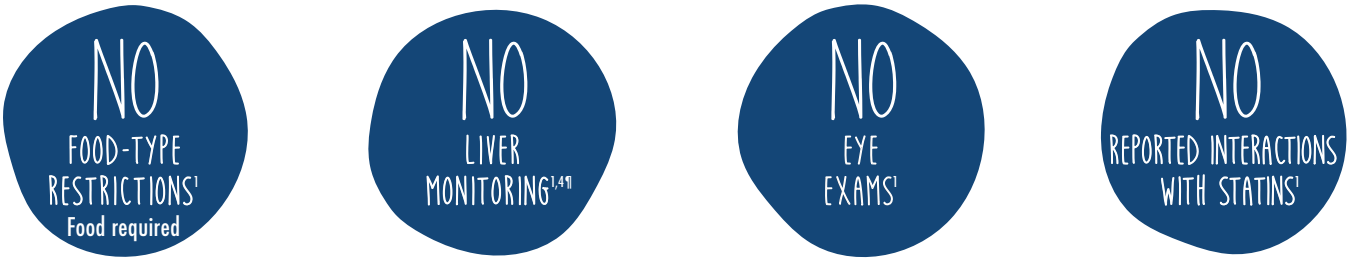
Doptelet®
(avatrombopag) tablets

For adults with thrombocytopenia in chronic immune thrombocytopenia (cITP) who have had an insufficient response to a previous treatment.

# LIVING WITH CHRONIC ITP CAN BE HARD. TREATMENT DOESN'T ALWAYS NEED TO BE.

## Doptelet is the only oral TPO-RA of its kind that your patients can take anytime, with any food, on a consistent schedule, with no treatment injections or infusions.[1-3*†‡§]




*Start patients taking moderate or strong dual inhibitors of CYP2C9 and CYP3A4 with 20 mg 3 times a week; start patients taking moderate or strong dual inducers of CYP2C9 and CYP3A4 with 40 mg once daily.[1] **Please see Full Prescribing Information for additional information on dose adjustments.**

†Patients may require dose adjustments based on platelet count response and drug interactions.[1]

‡After initiating therapy with Doptelet, assess platelet counts weekly until a stable platelet count of ≥50 x $10^9$/L has been achieved, and then obtain platelet counts monthly thereafter. Obtain platelet counts weekly for at least 4 weeks following discontinuation of Doptelet.[1]

§Patients should take Doptelet with food.

¶Doptelet had no significant liver damage reported in clinical trials. Therefore, no additional liver function monitoring is required.[4]

#Based on year-over-year financial market growth data for TPO-RAs from fiscal year 2022 compared to fiscal year 2023.[5]

**LEARN MORE AT DopteletHCP.com**

## INDICATION

DOPTELET® (avatrombopag) 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.

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).

**Please see Important Safety Information continued on back page and accompanying Full Prescribing Information for DOPTELET.**

THE FASTEST GROWING TPO-RA[5#]

Doptelet® (avatrombopag) tablets

THE FASTEST GROWING TPO-RA[5]

# TPO-RA CHARACTERISTICS TO CONSIDER

| Product characteristics | Oral administration | Bioavailability not impacted by food type | Single dosage strength | No dose restrictions based on population ancestry demographics |
|---|---|---|---|---|
| **Doptelet**[1*†] | ✔ | ✔ | ✔ | ✔ |
| Eltrombopag[2‡] | ✔ | ✖ | ✖ | ✖ |
| Romiplostim[3§] | ✖ | ✔ | ✖ | ✔ |

**Dosing comparisons do not imply comparable efficacy or safety.**

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†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]

**‡Eltrombopag must be taken at least 2 hours before or 4 hours after other medications, calcium-rich foods, or supplements containing polyvalent cations.[2]**

**§Romiplostim requires office visits for treatment injections.[3]**

## IMPORTANT SAFETY INFORMATION (continued)

### 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.**

**Doptelet Connect™ can provide information on patient assistance options that may be available to help eligible patients access Doptelet.**

For more information, call Doptelet Connect at **1-833-368-2663**.
Monday–Friday, 8 AM–8 PM ET.

**References: 1.** DOPTELET (avatrombopag) [prescribing information]. Durham, NC: AkaRx, Inc.; 2021. **2.** Promacta (eltrombopag) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp.; 2021. **3.** Nplate (romiplostim) [prescribing information]. Thousand Oaks, CA: Amgen Inc.; 2022. **4.** Jurczak W, Chojnowski K, Mayer J, et al. Phase 3 randomised study of avatrombopag, a novel thrombopoietin receptor agonist for the treatment of chronic immune thrombocytopenia. *Br J Haematol*. 2018;183(3):479-490. **5.** Data on file. TPO-RA market growth. 2023: Sobi, Inc.

sobi rare strength